THE CANADIAN NURSE

PERIODICALS ... R.

VOLUME 52 • NUMBER 4
MONTREAL

Highlight for
APRIL 1956

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VOLUME 52 **NUMBER 4**

APRIL 1956

246 New Products

255 Why Attend the CNA Convention? ..... *Sr. Theresa Carmel*

257 Saskatchewan and Its People ..... *Christian Smith*

262 Fluid Balance ..... *C. N. Partington*

263 The Ethical Religious Needs of the Patient ..... *Robert M. Frumkin*

264 In Memoriam

266 Bandl's Ring ..... *P. Foster, A. McLeod, J. Palframan and D. Shouldice*

268 Le Service Social et le Cancer ..... *Ghislaine Chamard*

271 Adventures in Science Teaching ..... *Henrietta J. Alderson*

276 A Venture in Field Experience for Graduate Nurses ..... *Moyra Allen*

280 Nursing Across the Nation

281 Le Nursing à travers le pays

284 Tentative Program, 28th Biennial Meeting

288 Report of the Arrangement Committee

288 Book Reviews

298 Sélection

299 News Notes

309 Positions Vacant

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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of The Canadian Nurse *nor of the Canadian Nurses' Association.*

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Between Ourselves

Have you put a ring around the 1956 CNA convention dates on your calendar? That last week in June is going to be an interesting, invigorating and satisfying experience for the hundreds of nurses who join the trek to Winnipeg. Our guest editor this month, **Sister Theresa Carmel**, who is pediatric supervisor at St. Joseph's Hospital, Saint John, N.B. gives us some of the answers to the question "Why do nurses go to conventions?"

Very direct and convincing reasons are also contained in the tentative program that will be found on page 283. You were introduced last month to two of the guest speakers. Well known names of other prominent participants will convince you that you cannot afford to miss this outstanding event of the biennium.

* * *

As everyone knows, the nurses of Saskatchewan and Manitoba are joint hostesses for the convention this year. **Christian Smith** has written the first of three stories that will appear in consecutive issues to acquaint you with the people, the progress and the promising destiny of these flourishing midwestern provinces. Next month Manitoba's story will be unfolded followed in June by a description of one of the friendliest cities on the continent — Winnipeg. Remembering that the convention dates coincide with the longest days in the year, we are looking forward with you to the glories of the sunsets, the long, lovely twilights, the pleasures that just being in Winnipeg will bring.

* * *

Those of you who have read and received thoughtful encouragement from the articles that have been published in recent months discussing aspects of religion in the life of the nurse, will be pleased to learn that the second non-denominational conference for nurses is being held April 27-29 at Five Oaks Christian Workers Center near Paris, Ont. This conference is open to all nurses who are interested in learning how their personal lives may be enriched, how they may face their problems with a more realistic appreciation of their Christian stewardship. Sixty-five people can be accommodated overnight but last year the residence was filled to capacity so application must be made immediately.

* * *

At the spring meeting of the Executive Committee of the CNA, some time was devoted to the question of the present practice of holding special church services for nurses early in May each year. We were reminded that they were instituted originally as a memorial to our colleagues whose lives were lost in the wars in which our country has engaged. Their primary purpose was to give each of us an opportunity to rededicate *ourselves* to the service of humanity.

Somewhere along the road since the first such special church services were organized, some of the original intent seems to have been side-tracked by recurrent eulogies of the early founders of our profession. Perhaps the fault has been with the committees that have made the arrangements for the services with the clergy. Perhaps the proximity of the anniversary of the birth of Florence Nightingale to the date selected for the service has been a factor.

Let us, this year, place the emphasis where it belongs. If the nurses in each community, who are making the arrangements for the church services, will give their clergymen the definite theme: rededication, they will find him sympathetic and cooperative.

* * *

Last month you read the interesting account of the way in which the new course for teachers of science subjects evolved at McMaster University. In this issue **Henrietta Alderson** gives us the inside story on how the new pattern of teaching has developed. Can you imagine *starting* your course in anatomy and physiology with a study of the central nervous system?

* * *

Requests are received fairly frequently from schools of nursing for back issues that they require to complete certain year's copies for binding. As often as we can we fill these orders from our reserve supply. Periodically, we get requests for certain issues of which our supply is exhausted. Just now, we cannot fill the order received for the January and June, 1945 issues. Unless you are treasuring them, will some of you share these issues with these schools? Please send the copies to the Journal office: 1522 Sherbrooke St. West, Montreal 25, Que.

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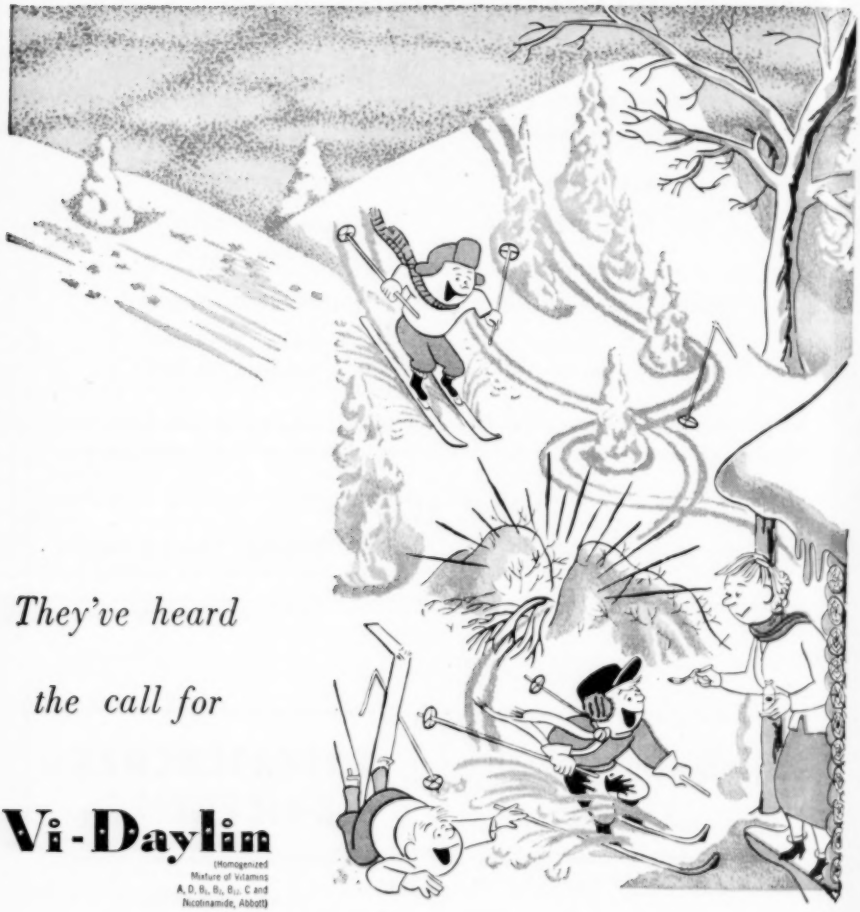

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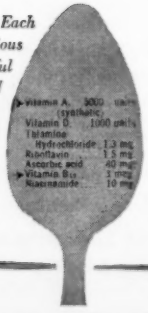

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L'Infirmière Canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
PUBLISHED BY THE CANADIAN NURSES' ASSOCIATION

VOLUME 52 NUMBER 4

MONTREAL, APRIL, 1956

Why Attend the CNA Convention?

WHY ATTEND the CNA Convention? Does that sound as if we were questioning the value of the national convention? Far from it! It is merely an invitation to weigh once more those values to be derived from membership in the CNA and attendance at the meetings.

As Canadians we have every reason to be proud of our heritage. We rejoice in the solidarity and the wholesome character of our nation. From union our country derives its strength. So too from union on a national basis our profession will be consolidated. It is not a question of attempting to fit all to one mould, but rather of gaining from the complex composition of our associations that richness of character that will make the Canadian contribution to our profession worthy of our Canadian ideals.

How is this to be accomplished? In these days with so many facilities for communication it is not difficult to disseminate ideas once they have been conceived, applied, and proven to be of worth. For their initiation there is no greater stimulus than contact with other minds who, recognizing needs and intent on making progress, are ready to sacrifice, to venture, to give adequate leadership. That minds of such calibre be given opportunity to influence others through published articles and national conventions is one function of our national associations.

Where the seed may fall and fruit may be produced is not to be anticipated,

SR. THERESA CARMEL

Sister Theresa Carmel is Clinical Supervisor of Pediatrics at St. Joseph's Hospital, Saint John, N.B.

but whenever and wherever growth of new ideas is evident, the national association can arrange for, or even provide, facilities for research. At least it can offer a common ground where the discussion of possibilities may be examined from all angles and where discriminating minds may suggest, show up weaknesses, point out difficulties, emphasize possibilities and probabilities. Here the enrichment of any project may have its beginning. Here the recognition of the contributions of member associations, or those of the various fields of nursing may prove an incentive to others to take the initiative. Here provision for the solidarity of our progress is assured.

A strong national body is a safeguard for the profession. Through it, wrongs may be righted, rights maintained, and progress directed. The authority of the many is deferred to, and the voice of the national body prevails.

After these considerations do we need to ask why we should attend the CNA meeting? It is evident that such attendance will give us:

(1) A sense of belonging to a profession that is serving our Canadian nation according to our Canadian ideals, and pride in its accomplishments.

(2) A knowledge of new ideas of value that are focusing the attention of those who are studying the results of research in our field.

(3) Constructive criticism of the problems confronting us in our progress.

(4) Stimulation to rouse us to make our contribution to this progress and to consolidation of our profession in our individual spheres and through our association.

(5) Valuable contacts with those who serve in various capacities similar to our own. There are those who feel that as much is to be gained in these meetings as in formal assembly and that casual comparisons and contrasts are productive of great results.

(6) A broadening of our outlook with greater maturity and solidarity in our convictions and hence a greater power to influence and control.

Ordinarily we reap what we sow. We get from conventions in proportion to what we bring to them — old adages worthy of consideration.

A Thought for Spring

The Flower Growers Twenty-Third Psalm

The Lord is the grower of my flowers;
I shall not want;
He rests my tired muscles through the very color of his green lawns;
He leads me, rested to the setting out of larkspur;
He restoreth my soul while I plant columbine and phlox.
Though the shadow of despair fall upon my garden path,
I shall not fear.
Thou art with me in sunshine and in shadow;
In my gardening tools I sense Thy comforting rod and Thy staff;
Thou preparest a feast of beauty for me in the presence of a too mechanized world;
From season to season my cup overflows
Its wealth of daffodils and tulips, of pansies and roses, of marigolds, delphinium, asters, chrysanthemums
Hold the balm of Thy goodness and of Thy mercy;
Sharing Thy love and the flowers of the garden with others
I find myself already dwelling in Thy boundless and eternal gardens!

MARY DICKERSON BANGHAM

Saskatchewan and Its People

CHRISTIAN SMITH

ONE DAY in Toronto a man telephoned the all-knowing T.T.C., which operates the trams and buses. He said: "My wife and I haven't seen a sunset since we left Saskatchewan. Can you tell us how to get to one?"

"Just a minute," said the girl who answered. A man came on the telephone. He was understanding and sympathetic.

"There's nothing to it," he assured the westerner. "Take a car going north on Yonge, get off at Lawrence Park, take a bus going east. Just tell the bus driver what you want and he'll let you off at the right place."

This once the T.T.C. was wrong. The Lawrence Park bus driver left the westerners off at a certain intersection. Darkness was settling in. In a few minutes the little expedition was smack up against the seven-foot brick wall of some bigwig's estate. It was evident that no sunset could be witnessed here and they returned home sadly.

Later, excursions out of Toronto led them to open country, limited skylines, and nothing in the way of the sunsets one experiences evening after evening in wide-open Saskatchewan. There they light up the whole horizon and high into the sky, a glorious blaze of color, which persists even after the sun has disappeared over the edge of the earth.

Nostalgia led the prairie folk back to the great flat prairie province, but it wasn't only the geography that tugged at their hearts. "It was also the climate," the man explained. "You can cope with cold weather, dry cold weather, such as we have in Saskatchewan. Provided there's no brisk wind, 35 below in Saskatchewan is pleasant compared with zero weather in Toronto or Vancouver. And it's infinitely better than the hot humid weeks in summer when Toronto sweats under a leaden sky which seems like a hot, steaming blanket."

"Most of all, it's the people," his wife added. "Not that we found Toronto and other eastern places unfriendly. Canadians are Canadians anywhere. But westerners have a special quality of friendliness.

"And they have a way of getting things done," her husband went on. "That's why our boys and girls have no difficulty finding jobs when they go either east or west from the prairies."

Geography, climate, and people — Satkatchewan. But principally people!

One can get nostalgic for the long cool evenings and cooler nights, when it never really gets pitch dark, or for the crisp lovely mornings when the meadow larks sing their songs brilliantly for the motorist speeding by at 60 m.p.h.

One can have fond memories of the short winter afternoons, too, the quiet, cold Sunday afternoons, when the light fails early and there are long shadows on the snowdrifts.

There is longing, too, for the seemingly endless gravelled roads, straight as a bricklayer's plumbline, with distant elevators poking over the horizon to mark another little town. Not very good roads, really, but so very much the Saskatchewan for which the exile yearns.

Woodcock's Falls, Saskatchewan.

Mr. Smith is Director of Health Education, Saskatchewan Department of Public Health.

Heaven knows why people live in so many of the little towns except for sheer necessity to earn a living. Or is it that they find there other satisfactions? What keeps a doctor in some shabby little place, a druggist, a nurse, teachers, merchants, and others? Water so often comes from wells. The plumbing generally is outdoors. Until just yesterday many of the towns had no electricity.

The answer is, of course, that it's people that make a community, and when it comes to people, the folks in Saskatchewan make up for all the shortcomings and crudities of the environment.

White people came to this part of Canada more than 200 years ago, attracted originally by the wealth in furs. Last year Saskatchewan celebrated its golden anniversary, marking 50 years of membership in the Canadian confederacy as a full-fledged province. But the footings and foundation of Saskatchewan were in place long before 1905. There is a tendency to regard Saskatchewan as one of the youngest of the provinces. Actually, the trading post of Cumberland House, today the site of an outpost hospital and of educational facilities for northern residents, was established by the Hudson's Bay Company in 1774. It is said that this was before there was a white person living in what is now Toronto!

The fur traders came on the scene early in the eighteenth century — daring, adventurous men representing rival interests, and competing for the furs the Indians harvested by the tens of thousands. The country was peopled by various Indian tribes — intelligent, friendly, proud. It was the Indians who often kept the white traders from perishing. There was plenty of food on the prairies, where the great buffalo herds roamed. There was little food in the chief fur country, the rocky north, where traders often lived through winter on fish and nothing else, unless some wandering Indians could be persuaded to hunt for them.

From the traders the Indians obtained weapons and tools, blankets and tobacco, and they also got rum and disease. The earliest of four devastating epidemics of smallpox occurred in 1734 and it was attributed variously to English traders from Hudson Bay, Canadian traders from French Quebec, and to Indians who moved north from the Mississippi river system, where they had been in contact with white settlers.

Smallpox played havoc with the Indian people. The fourth of the epidemics, lasting from 1868 to 1870, was estimated to have killed some 2,500 people — Indians and whites. It was stopped with the help of vaccine brought in by the Hudson's Bay Company and strict quarantine measures introduced in 1870 by the Northwest Territorial Council appointed that year. The explorer Palliser, who traversed this country three times, noted on his final expedition in 1854 that smallpox was common among the Indians.

Tuberculosis, likewise given the Indian people by the invaders, appeared in three great epidemics and helped further to decimate the natives. What disease had not done, hunger helped to finish, when in 1882 the last of the great buffalo herds moved south never to return. Wanton slaughter at the instance of greedy white traders finished off the one staple supply of food, clothing and shelter on which the prairie people could depend.

Although our western Indians were not brutally dispossessed and exterminated in the way that so many of their brothers were in the south, the end results were similar: very few Indians were left. Only in recent years has an awakened national consciousness led to a rehabilitation of the Indian, and today his numbers are increasing.

Although increasing numbers of hardy settlers began to take up land in Saskatchewan earlier, it was not until after the Saskatchewan Rebellion of 1885 that the peopling of the province-to-be took on the nature of a rush. Settlers came from eastern Canada, from northern areas of the United States, and from the British Isles and every part of Europe.

It has been interesting to live through the period since the first generation immigrants arrived here until today when their sons and grandsons are in every way Canadian in outlook, feeling, and performances, accepting community responsibility, adorning the learned professions.

Among the immigrants were people

Legislative Building, Regina, Saskatchewan.

from the teeming industrial centres of the British Isles, peasants from Central Europe, Germans from town and farm, Doukhobors and Mennonites from European Russia, and folks from all the Scandinavian countries.

The central Europeans were different, and it was thought at first that they would never assimilate. But they did, nevertheless, through their sons and daughters. The last vestiges of feelings against them seemed to disappear during World War II when it was common to read that some squadron leader with the name of Kowalsky or Hrynk had gone down in flames to keep Canada free.

Today it is hard to find more Canadian, more loyal citizens than some of the sons and daughters of central European immigrants, loyal, that is, to the ideals and values which Canadians hold in common as a heritage from the two nations that originally settled this country. Loyal to the crown, too, as evidenced when the late King George VI and Queen Elizabeth visited Saskatchewan in 1939.

The people who settled Saskatchewan had before them a tremendous undertaking, fraught with hardships and disappointments. Without a dream of what could be and faith in their own abilities to bring it about, these people could never have founded here in so short a time the modern society now existing.

Many an early pioneer lived in a sod hut until he could afford lumber for a frame dwelling. Life was primitive and hard in many ways. It is difficult to picture what it was like only a generation ago, when one realizes that today 30,000 of Saskatchewan's 112,018 farms, with a total cultivated acreage of 40 million, have electrical power.

As the people filled in the great rolling prairie, families became less isolated. Schools and churches became a necessity, and people had to be found or trained to preach and to teach. Such needs led to the founding of the University of Saskatchewan, only three years after this area became a province Moreover, there are today 4,500 schools and 7,345 qualified active teachers.

Roads and communications were

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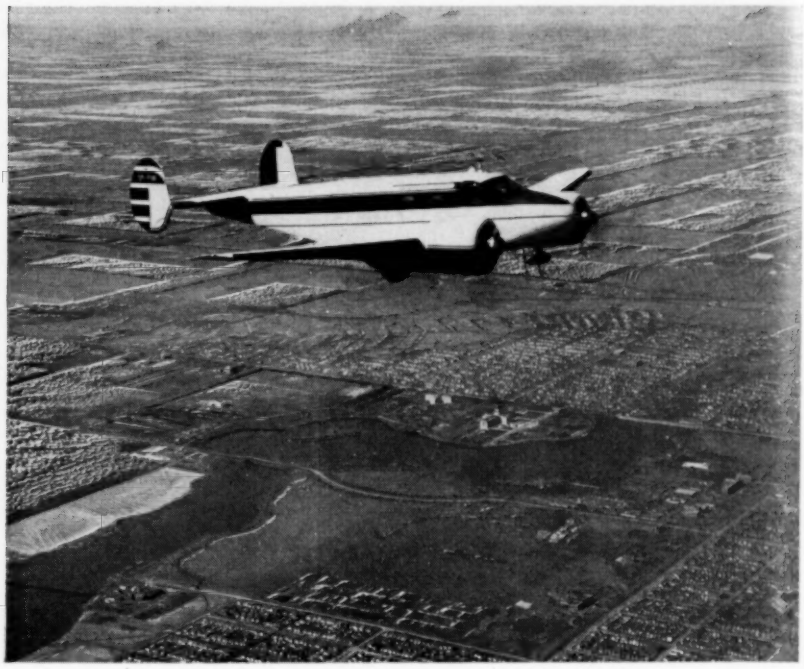


Saskatchewan Air Ambulance over Regina.

essential. Today there are some 120,000 system-owned telephones in the province. Indeed, the first automatic dial telephones in Canada were installed in Saskatoon in 1907. Saskatchewan still has a highway and market road problem, but today there is the longest highway system in the world, with 1,230 miles paved and 6,400 gravelled.

These roads were a marketing necessity, enabling the rural population to dispose of produce and buy necessities. Over these roads they travel to Saskatchewan's eight cities, 97 towns, 378 villages. Distances are a factor in the high ratio of motor vehicles. This last year there were more than 160,000 passenger cars and almost 80,000 farm trucks in the province.

All this is indicative of the tremendous development that has taken place in a relatively short time, in spite of the frustrations and delays of bad years. Mostly it has been made possible because Saskatchewan people are men and women of prompt action for the common good and with a highly developed sense of mutuality — a family feeling, as it were.

Out of this came Saskatchewan's highly developed marketing and consumer cooperatives. Thirty years ago the farmers learned that there was strength in union and set up their marketing pools, with a present total membership of more than 300,000. A little later they began to organize consumer cooperatives, of which there are now 422 with 160,000 members. At the same time the people thought that the chartered banks were good as far as they went, but they wanted to own banks and control credit facilities; therefore they have set up 281 credit unions.

In the earlier years farmers were urged to diversify rather than depend solely on grain production. An interesting sideshow was the development of Saskatchewan's honey industry. Saskatchewan's white honey is highly popular in eastern Canada and in Europe. In 1955 the honey crop totalled 3,315,000 pounds.

Even a certain diversification in agriculture did not give the province the economic stability it needed. The remedies have come along lately in the exploitation of natural resources — minerals, such as natural sodium sul-

phate, potash, and uranium, and the spectacular growth of the oil and gas industry. Today there are about 5,000 oil wells under license and last October the average daily production was well over 40,000 barrels of crude oil.

It is interesting to observe how, along with all this growth, the health and vigor of the people have been maintained and improved. In the early days there were smallpox, typhoid, diphtheria to contend with, and the primitive environmental conditions which were conducive to the spread of epidemic diseases. All three diseases are virtually non-existent today. The early emphasis in public health work was on safe food, including milk, safe water, safe disposal of wastes.

Among the many fields in which Saskatchewan has given leadership is that of public health. The guiding principle has been to share one another's burdens for the common good. Out of this came the legislation to provide for the diagnosis and treatment of all tuberculosis patients at public expense, a step taken just as the great depression of the thirties settled down on the province. A year later there were the first steps toward treatment of cancer at public expense, which became an actuality in 1944.

In 1944, too, the care and treatment of the mentally ill and of the mentally retarded became a provincial responsibility, and early in 1945 the province undertook to pay all the medical, surgical, hospital, dental, and pharmaceutical bills of those least able to do so for themselves — the old age and blind pensioners and their dependents, widows and deserted families, or families of incapacitated breadwinners, the province's dependent children, and finally, indigents — then numbering 25,000, now close to 35,000.

In 1946 legislation enabled the erection of public health units, (known as health regions, probably because of their large areas) to include the necessary population. There are eight such health regions serving 380,598 persons in an area totalling 75,574 square miles. Considering this development and the municipal health departments of Saskatoon and Regina, about half of the population now has fulltime modern public health service.

While instituting a program of hospital construction grants which have resulted in the province having the highest ratio of beds per 1,000 population on the continent, the province took steps to overcome the disadvantages of maldistribution of medical and hospital care by launching the first public air ambulance service in the world. This service which takes emergency patients to treatment facilities has so far carried more than 7,300 patients without a mishap.

On January 1, 1947, the Department of Public Health instituted its compulsory Hospital Services Plan, which removed the financial barrier faced by many people needing hospital care. It has been widely popular. One important effect has been the freeing of Saskatchewan hospitals from burdens of debt and deficit. Hospital financing has been stabilized.

There have been many other important health developments, the most notable of which has been the introduction of a rehabilitation program. This grew out of previously provided care for poliomyelitis patients with paralysis.

A noteworthy feature of all these developments, as in other areas of endeavor, has been the part taken by voluntary societies and individuals. In their efforts to overcome problems and give their children and themselves as much of the good life as they can, Saskatchewan people have a way of ignoring differences of politics, religion and other divisive conditions.

Saskatchewan's population is growing, its economy continues to expand and the future is as roseate as the famous sunsets.

* * *

Animal and vegetable oils oxidize readily. Rags, waste, excelsior and similar materials containing as little as five per cent of some of these oils will ignite spontaneously under favorable conditions.

— *Safety News Letter*

* * *

Anger is the most impotent passion that accompanies the mind of man; it effects nothing it goes about; and hurts the man who is possessed by it more than any other against whom it is directed.

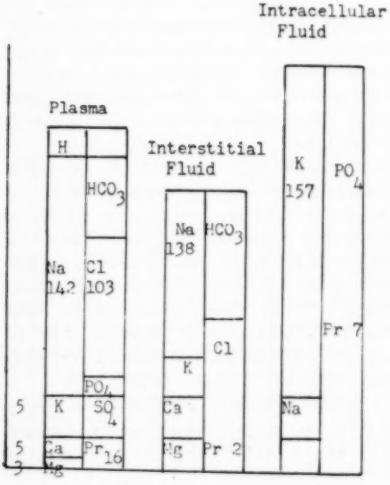
— CLARENDON

Fluid Balance

C. N. Partington, M.D., C.H.B., M.R.C.S., L.R.C.P.

In discussing the changes in fluid balance as it applies to the human body it is essential that we know the fundamentals of the various fluid systems. Furthermore, we must learn that all the constituents of the blood as a whole bear an intimate relationship one to another. Each mineral in the blood stream bears either a positive or negative charge and each set of minerals must balance — it is of the imbalance of these minerals that we are thinking today. In the following tabulation I have shown the value of both negative and positive charges for each of the minerals found in the body

Sodium	$Na+$
Potassium	$K+$
Chloride	$Cl-$
Bicarbonate	HCO_3-
Protein	$Pr-$
Calcium	$Ca++$
Magnesium	$Mg++$
Phosphate	PO_4--
Sulphate	SO_4--



Milliequivalents per litre

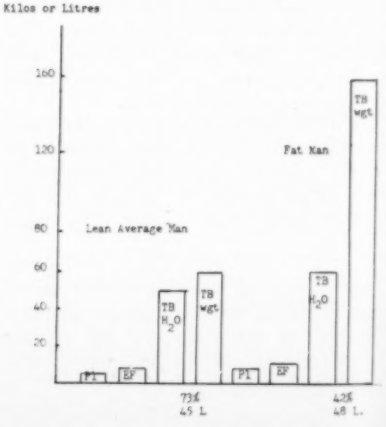
The first sketch, labelled "Milliequivalents per litre," shows the equivalents of the constituents of normal plasma, interstitial fluid and intracellular fluid. These three fluids are not at all similar as the diagram shows, and a 2 per cent difference in any one constituent makes a great difference to the individual — in the potassium balance of the intracellular fluid, for instance, 2 per cent of intracellular potassium loss in plasma would mean death! Milliequivalents are merely gauges by which all fluid constituents are compared — as we do in algebra — bringing various quantities to an x or y value.

The minimum fluid output requirements both in health and in disease varies considerably. Urine is of various specific gravities. It is important that all fluid output be measured accurately where fluid balance is to be maintained.

Minimum Output Necessary for 35 gms.

	Spec. Gr.	Vols.
Normal	1.032 - 1.029	473 cc.
	1.019 - 1.015	605 cc.
Disease	1.014 - 1.010	1439 cc.

As the blood travels back and forth to the heart, it is the pressure of the arterial flow that forces all the fluids and their mineral constituents — except the red blood cells and proteins — *out* of the arterioles and into the tissues. It is the osmotic power of the retained proteins in the venioles that *draws back* the excess and waste fluids



Dr. Partington is Director of Laboratory Services at Sarnia General Hospital.

out of the tissues and *into* the venioles whence they flow back to the heart, completing the circulation.

Now take a look at the second sketch where a scale of kilos or litres is shown. The first group of pillars represents an average lean man, the second group a fat man. Notice that the quantity of plasma and extracellular fluid are much the same regardless of the size of the patient, but the comparative H_2O content of the two men is totally different. A lean man contains 43 litres of water which, for his size, is 73 per cent of this whole fluid system, while a fat man, though his fluid content is 48 litres, it makes up only 42 per cent of the whole system. This shows the necessity of extremely careful adjustment in disease and also why no two people can be classed as similar fluid balance problems.

In burns, for instance, where much tissue is denuded of skin, the loss of fluids would mean a great deal more to a fat person because he has relatively less fluid to spare.

The Ethical Religious Needs of the Patient

ROBERT M. FRUMKIN

IN EVERY CULTURE there is some higher power, whether it be a tree, a cow, a man, or some ethereal being usually called God, which is worshipped and through which man attempts to gain strength of mind, body and soul. This kind of religion represents religion in the *church* sense. There is also religion in another sense, a more universal sense. This kind of religion might be called religion in the *ethical* sense. The religious person in the ethical sense would be the *altruistic* person. This is the person who is beloved of his fellow men because he believes in and practises brotherhood, because he is unselfishly devoted to the interests of others. This kind of person is also the symbol of the perfect social being, of *Homo socius* a person who is supercooperative, who does always *more than* his share toward helping his fellow men. In short, the truly religious man in the ethical sense is the good man, in all languages and all cultures. Whereas the religion of the church is a religion of worship, the religion in the ethical sense is a religion of altruism.

The role of the nurse is essentially a religious role in this sense, in the ethical sense; especially when this role is played with all one's heart, because then it is an altruistic and cooperative role. Florence Nightingale, Dorothea Dix, and Margaret Sanger are but three, among many, nurses who were supremely religious in this universal ethical sense.

When nurses are severely criticized by patients and their families it is not because they are felt to lack nursing skills, in the old sense with which we associate such skills, but because they lack this universal religious quality that every good and successful nurse must have. This religious quality in the nurse is shown in her genuine concern for the patient above all other interests when the nurse is ministering to the patient's needs. The patient is keenly aware of the presence or absence of this quality, for it shines warm and bright when it is there and manifests itself by darkness and coldness when it is absent.

The religious needs of the patient centre most in the need for this kind of religious experience and not for the religious experience that we associate with religion in the church sense. There is no greater strength of mind, body and soul a patient can gain than that which comes from a nurse, or any

Mr. Frumkin is an instructor in sociology and the sociology of nursing at the University of Buffalo, Buffalo, N.Y.

other person, who shows that he or she is genuinely and unselfishly concerned for his welfare and does everything in his or her power to see that the best can and is being done. Only when the nurse, or some other person acting in the capacity of a nurse, fails to provide this genuine need of the patient, does the church functionary — the minister, priest or rabbi — become indispensable. For now the fear of death looms large and only faith in a higher power, in God, with the aid of the church functionary, can bring some peace of mind, some peace and strength of soul.

Therefore, the religious needs of the patient centre in the need to be in fellowship with one or more human beings who have the patient's health and welfare uppermost in mind. When the nurse manifests this religious quality the patient feels that there is at least one person in the world to whom he means something, and upon whom he can count to help him.

When the patient lacks this faith in the nurse and his fellow-men, he then will most likely turn or return to religion in the church sense. For when everyone and everything else have failed, the higher power, God, can *always* be counted on, and God may be reached with or without the aid of the church functionary. It is here that faith in God takes over the unfinished task of the nurse. Of course, when the nurse (and the physician) has done all that could be done for the patient, faith in God is indispensable. Like medicine, praying to God, putting one's faith in God, can help to release and stimulate the healing powers of the body.

The patient, consequently, has two sources from which to seek spiritual strength — from the religious person in the ethical sense, or from God in the church sense. Both are important, and both supplement the work of each other.

In Memoriam

Loila (Marshall) Allison, who graduated from the Ottawa Civic Hospital in 1928, died on September 25, 1955 after a long illness.

* * *

Annie Armstrong, a retired nurse who resided in Penticton, B.C., died there on January 6, 1956 at the age of 70.

* * *

Anne Bradley, who graduated from St. Michael's Hospital, Toronto, in 1901, died at Kingston, Ont., on December 25, 1955. After practising in the United States for many years, Miss Bradley joined the staff of the Royal Victoria Hospital, Montreal, in 1920. She retired in 1943.

* * *

Barbara Cecilia Day, a graduate of a Calgary Hospital, was killed in an accident in Italy on December 23, 1955. She had worked in Leader, Sask., for two years prior to going to Europe.

* * *

Mary Ann (Haire) Garrett, who graduated from the Sarnia General Hospital in 1903, died there on December 3, 1955 at the age of 77. At one time Mrs. Garrett was superintendent of nurses at S.G.H.

Evelyn (Beatty) Hanna, who graduated from Toronto General Hospital in 1907, died last winter.

* * *

Grace Margaret Hogg, who graduated from Toronto General Hospital in 1923, died suddenly in England on November 30, 1955.

* * *

Laura Holland, C.B.E., A.R.R.C., LL.D., who graduated from The Montreal General Hospital in 1914, died at Victoria on January 15, 1956 at the age of 72. Enlisting with the C.A.M.C. in 1915, Miss Holland was awarded the A.R.R.C. for her meritorious service in France and Salonika. Returned home, she qualified in social work then served as manager of the Welfare Division of the Toronto Department of Public Health. She moved to Vancouver in 1928 to reorganize the Children's Aid Society, becoming provincial superintendent of neglected children three years later. In 1934 she was made a Commander of the British Empire. Prior to her retirement in 1945 she became adviser to the minister of health and welfare. Miss Holland was regarded by all who knew her as a wise counsellor, an unselfish worker in the service of others,

LAURA HOLLAND

a warm friend and, to the end, a serene and gallant person.

* * *

Annie Jackson, a graduate of a Cleveland hospital, died at Kitchener, Ont., where she had resided for the past 50 years, on December 29, 1955. She was 81 years of age.

* * *

Louisia Lagüe, infirmière graduée de l'Hôtel-Dieu de Montréal, est décédée le 11 décembre, 1955. Graduée en 1921, elle fut à l'emploi de la Compagnie Assurance-Vie Métropolitaine. En 1923, elle entre à l'Assistance Maternelle et en 1924 se qualifia en diététique à l'Université de Montréal mais, son intérêt pour l'obstétrique la reprit et pour deux ans elle fut en service à l'Hôpital de la Miséricorde. L'Hôpital St-Luc lui confie en 1931, la fonction de diététicienne; elle resta à ce poste jusqu'en 1952, date de sa retraite.

* * *

Flora Liggett, who graduated from Toronto General Hospital in 1909 died suddenly recently.

* * *

Elizabeth Jean Martin, who graduated from Ontario Hospital, Kingston, in 1942 died on December 29, 1955, in her 35th year. Holding her degree in psychiatric nursing from Queen's University, Miss Martin had worked at Sunnybrook Hospital, Toronto, Westminster Hospital, London and the Allan Memorial Institute, Montreal.

* * *

Myrtle McElroy, who graduated from the Ottawa Civic Hospital in 1928, died suddenly on December 12, 1955. She had worked in the United States for the past 10 years.

* * *

Frances Milligan, a graduate of a Buffalo, N.Y., hospital before the turn of the century, died at Toronto on December 31, 1955 following a brief illness. Over 90 years of age, Miss Milligan had returned to Toronto to live in 1924 when she retired from active nursing in the United States.

* * *

Barbara (Booth) Morrison, formerly of Fort William, Ont., died at Portage la Prairie, Man., on January 10, 1956, a few months after she had retired.

* * *

Jean (Webster) Morrison, who graduated from the Winnipeg General Hospital in 1904, died there on January 11, 1955 at the age of 88. Mrs. Morrison had been an active member of the alumnae association since 1907.

* * *

Lillian (Bolin) Probert, who graduated from the Moose Jaw General Hospital in 1944, died there on December 27, 1955 at the age of 34.

* * *

Sister Jeanne d'Arc (Almida Theriault), who graduated in 1942 from Hotel-Dieu Hospital, St. Basile, N.B. died at Perth, N.B., in August, 1955.

* * *

Mary Natalie (McAulay) Taylor, a graduate of Halifax Infirmary, was killed in an automobile collision on January 4, 1956.

* * *

Doretta Mae (Minchin) Traquair, who graduated from Prince Edward Island Hospital, Charlottetown, in 1918, died at Moosomin, Sask., on November 8, 1955.

* * *

Hilda Willis, who graduated from the Cottage Hospital, Pembroke, Ont., in 1940, died at Ottawa in January, 1955 following a lengthy illness. For some years she was employed in the radiology department of the Ottawa Civic Hospital.

Celui-là est le mieux servi, qui n'a pas besoin de mettre les mains des autres au bout de ses bras.

Ce qui fait qu'on n'est pas content de sa condition, c'est l'idée chimérique que l'on se forme du bonheur d'autrui.

NURSING SERVICE

Bandl's Ring

P. FOSTER, A. MCLEOD, J. PALFRAMAN *and* D. SHOULDICE

MRS. SMITH, a 20-year-old patient, appeared quite healthy and well nourished. She was a very pleasant and happy individual, married for three years to a well-built, healthy, happy chap who is a C.N.R. employee. Mrs. Smith has had an appendectomy done, a breast tumor removed. There is also history of rheumatic fever in 1943, and of an incomplete abortion with resulting dilatation and curettage in October, 1954. The complications of this pregnancy were: bronchitis, breech presentation of babe, Caesarean section due to Bandl's Ring, postoperative paralytic ileus.

The prenatal period was normal throughout. Labor began at home about 12:00 noon on September 27, 1955, with irregular contractions every 15-30 minutes that gradually became more frequent.

On admission to hospital at 4:25 p.m. contractions were every five minutes, fair in quality, lasting 20 seconds and causing no distress. The uterus appeared to be relaxing normally between contractions. The membranes were intact on admission — there was no evident "show". T.P.R. 98-80-20 and blood pressure 110/60. Fetal heart was 140 and good quality. Urinalysis showed a trace of albumin in a voided specimen. The patient was suffering from a coryza so was ordered on Wycillin 600,000 units daily and ephedrine nose drops q. 4 h. p.r.n. After twelve hours of non-progressive labor she was given Pitocin minims 1 for 2 doses, 2 hours apart. The contractions subsided, then started up again irregularly at first, then every 5 minutes. They were fair in quality. The fetal heart varied within normal range 120-160, but was of good quality.

Another 12 hours passed with no satisfactory progress, so a consultant was called. On examination the fetus was found to be in breech position, right sacro-transverse, and engaged in the inlet. The fetal heart was on the right side lateral to the umbilicus but varied greatly as to both rate, rhythm and force — 170-180. A continuous induction of 500 cc. normal saline with 1.2 cc. Pitocin was started running at 30 drops per minute. A better labor was established with stronger and more frequent contractions. In spite of this improvement, satisfactory progress was still not being made.

On September 30, 1955, at 8:00 a.m. an x-ray of the pelvis was taken. It showed a pelvis within normal limits with some possible marginal disproportion of the brim. At 9:15 membranes were surgically ruptured in hopes of helping to speed up labor. The patient was found to be very tense, so Nisentil 60 mgm. was given p.r.n. as sedation. At 3:00 p.m. large quantities of meconium were passed and the cervix, by rectal examination, was thought to be fully dilated. At 9:00 p.m. Mrs. Smith was taken to the case room to be examined vaginally to determine the degree of dilatation and with the hope of breaking down the breech and terminating labor. The patient was found to be still very tense and the examination was unsatisfactory. A spinal anesthetic of 6 mgm. of Pontocaine and glucose was given and a vaginal examination carried out revealing the cervix almost completely out of the way. A hand, introduced

This is another of the interesting clinics prepared by a group of nurses at the Sarnia General Hospital.

into the uterus to attempt to bring down a leg, ran into a strong contraction ring, or "Bandl's Ring," about the child's "middle." This ring was very firm and about the size of a fruit jar. Adrenalin was given in an attempt to relax it but to no avail.

During labor the uterus becomes differentiated into upper and lower segments. The part immediately above the internal os is weaker in structure than the rest of the uterus. As a result of the gradual retraction of muscles of the upper two-thirds, this part becomes progressively thinned out and is known as the lower uterine segment. This differentiation goes on throughout the first and second stages of labor, the upper segment becoming progressively smaller and thicker as a result of the contraction and retraction, while the lower segment becomes correspondingly larger and thinner as a result of the pull on it by the upper segment. Ultimately there is a clear line of demarcation between the two segments which is called the retraction ring or Bandl's Ring. In normal labor this is not so marked as to be recognizable clinically. When labor is obstructed this ring is inclined to contract around the baby causing fetal distress. If labor is allowed to go on, this ring can be seen on the abdomen as a ridge or depression above the symphysis. The higher it is the more serious the condition.

It was realized that a deep ether anesthetic, sufficient to paralyze the uterine muscles, would also injure an already damaged infant. It was therefore decided to do a Caesarean section. This was done immediately. A subumbilical midline incision was made and a baby boy delivered at 10:16 p.m. September 30. Ergometrine .25 mgm. was given intravenously at the time of delivery of the infant. Placenta and membranes were separated and removed and found to be complete. Whole blood 500 cc. was given intravenously. The uterus was closed with one layer of interrupted catgut sutures through the muscle and one continuous suture through the outer layers of muscle and peritoneum. Plain subcuticular and mattress silk sutures were used for the skin. The infant was slow to breathe but it seemed to respond fairly well following suctioning of trachea and stomach of fluid and meconium and to administration of oxygen by mask. On leaving the operating room the babe's color was fairly good, respiration fair but rapid.

Mrs. Smith returned from the operating room in good condition: B.P. 110/80, pulse 80, respirations 20, with whole blood running intravenously. She was given Demerol 100 mgm. p.r.n. for operative discomfort. The first postoperative day and night passed with no significant happenings. She was allowed out of bed under supervision and appeared to be progressing well. She developed a productive cough that was troublesome. On the second postoperative night she developed a badly distended abdomen with elevation of T.P.R. — 102-120-30. She had some difficulty in breathing and her cough was troublesome. Following the removal of the catheter at this time she was unable to void.

A rectal tube was inserted in an attempt to relieve the distention but no result was obtained. She was given a series of two- 1-2-3 enemas and a soapsuds enema, in the next 12 hours. This did not relieve the distention although quantities of flatus were expelled. It seemed as though gas was forming as quickly as it was being relieved. Abdominal heat was applied with a rectal tube inserted and much relief was obtained.

A diagnosis of paralytic ileus was made. This is a serious form of obstruction in which intestinal peristalsis is inhibited by overactivity of the sympathetic nervous system. It may be seen in cases of generalized peritonitis or where there has been a great deal of handling of the abdominal organs in surgery, or following a hard, long labor.

On her third postoperative morning Mrs. Smith was able to void normally but her abdomen was again very hard and her breathing was distressed. At 2:30 in the afternoon she was placed in an oxygen tent to relieve her breathing and an intravenous of 1000 cc. 5% glucose in saline was started. She began to vomit small quantities of undigested food so a Levine tube was passed and Gomco suction established. An electrolyte balance was done by the laboratory director. Within the next 24 hours a marked improvement was

shown and gastric suction was discontinued. The abdomen was still somewhat distended but soft. On the fourth postoperative day the oxygen tent was removed. Mrs. Smith was given fluids by mouth which were retained. On the fifth postoperative day the intravenous was discontinued and the patient allowed out of bed. She had several liquid bowel movements which is typical of receding paralytic ileus. These subsided within 24 hours and Mrs. Smith then made a rapid recovery. Discharge from hospital followed on the tenth postoperative day with the patient feeling very well.

The Baby

On arrival in the nursery the baby's condition was poor — his color pale and cyanosed, his cry weak, respirations rapid and irregular. He was placed in an incubator with continuous oxygen, feet elevated to aid in mucous drainage. He was suctioned frequently. Weight was not recorded at this time because of his condition.

Because the Bandl's Ring had been around the breech-presenting child's legs and between the umbilicus and diaphragm, the chest was pushed up so that it protruded abnormally. The abdomen was very flat with almost a concave appearance; the legs were flexed and flaccid. The skin appeared extremely dry and later there was considerable desquamation, possibly due to poor circulation.

October 1, the babe was weighed — six pounds eight ounces. Temperature at 8:00 a.m. 101.6. A pediatrician saw him at this time and ordered: Aureomycin 12.5 mgm. q. 6 h. as a preventive measure because of the frequent suctioning; nothing by mouth for another 24 hours and continuous oxygen. The babe's color and respirations were improved and the temperature normal on the second day so lactose was offered q. 3 h. by bottle and taken quite well. Oxygen was discontinued the next day and the babe taken from the incubator. He was fed breast milk and complementary feeding until such time as his mother was able to nurse him.

He continued to improve, his body taking on a normal appearance. Weight gain was steady despite circumcision. He was discharged, weighing seven pounds one ounce, with the mother. A formula was provided as the mother did not have an adequate supply of breast milk.

Le Service Social et le Cancer

Ghislaine Chamard

En janvier 1950, le Service Social Médical était fondé à l'Hôpital Notre-Dame, grâce à la belle initiative de son directeur médical le Dr. Boutin.

En mars '51, à la demande du Dr. L. C. Simard, une travailleuse sociale était assignée à l'aide des patients cancéreux au même titre que les autres départements desservis déjà: la médecine, la neurochirurgie, la pédiatrie et plus tard la chirurgie et l'otolaryngologie.

L'origine du service social médical remonte à 1905. Il est l'oeuvre de l'éminent médecin américain, le Dr. Cabot du Massachussetts General Hospital à Boston. Il fut le premier à vouloir s'adjoindre une travailleuse sociale dans le traitement médical des patients. Le service social médical, c'est le service social appliqué dans un milieu hospitalier pour faciliter aux patients la meilleure utilisation possible des services existants de l'hôpital et si nécessaire de la communauté.

La formule du Service Social en général et celle du Service Social Médical ne s'opposent pas, elles concernent toutes deux des gens qui présentent des problèmes; la différence est en ce qu'au Service Social Médical, les personnes qui présentent des problèmes sont des personnes malades. Tous les

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services sociaux professionnels recherchent la même fin; le bien-être de la personne humaine. Une autre caractéristique du service social médical est qu'il fonctionne sur une base d'équipe dont le chef est le médecin.

La travailleuse sociale assignée au service des cancéreux fait partie de l'équipe de l'Institut du Cancer dirigé par le Dr. Simard et composé de médecins et d'infirmières. Cet Institut dirige des cliniques une fois par semaine où les cancers de toute nature sont dépistés et traités gratuitement. En plus du grand dévouement des médecins, il y a aussi ce dévouement des infirmières qui assurent le "follow-up" des cas, élaborent des statistiques précieuses à un centre de recherche.

Je puis dire que la travailleuse sociale d'une certaine façon fait partie de l'équipe médicale en assistant aux cliniques où elle discute des problèmes sociaux des patients déjà connus ou de nouveaux patients référés par le médecin. La travailleuse sociale rencontrera aussi les problèmes des patients que l'infirmière essaie de référer pour fins de contrôle ou de traitement et qui s'y refusent. Pour différentes raisons un patient peut résister aux convocations que lui adresse l'infirmière; soit qu'il n'ait pas l'argent nécessaire à son transport, soit qu'il craigne le diagnostic du médecin, et d'autres encore. Devant ces difficultés, la travailleuse sociale pourra organiser un transport soit par l'entremise de chauffeur bénévole ou en procurant au patient l'argent nécessaire à un billet de transport, dans d'autres cas, en interprétant le patient au médecin ou vice-versa.

Le Service Social Médical auprès des cancéreux s'effectue dans un climat psychologique spécial dû à la nature même du cancer: mal insidieux, mystérieux, redoutable.

Le cancéreux vit intérieurement un drame, il le vit seul la plupart du temps. Il ignore son état, il est référé très souvent à un stade avancé ou terminal de la maladie. Le cancéreux est exposé à l'aigreur, à la dépression morale. Son état chronique contre lequel la science ne peut rien parfois, lui suggère des sentiments de rejet ou de culpabilité s'il a trop retardé à voir le médecin.

Du point de vue de la travailleuse sociale, le fait que le patient ignore son état présente des difficultés spéciales: le patient s'entretient dans un état d'illusion vis-à-vis sa guérison, il s'acharne au repos alors qu'il pourrait encore travailler un peu ou aider son entourage, il réclame la surveillance constante des médecins.

Parce que les cas sont souvent référés au service social à un stade avancé de la maladie, ils sont suivis par la travailleuse sociale jusqu'à leur décès. Disons que le service va au-delà du décès assez souvent, pour la réorganisation du foyer.

Enumérons maintenant les différents services que la travailleuse sociale est susceptible de rendre aux cancéreux. Ces services qui ne sont pas exclusifs aux cancéreux demandent dans leur cas une approche spéciale à cause des préjugés du patient. Combien de patients présentant une tumeur redoutent l'intervention chirurgicale parce qu'elle va "réveiller" le cancer. Il y aura donc comme services:

1. *Un support émotionnel* devant la crainte du traitement, de l'intervention chirurgicale.

   Ce support émotionnel, la travailleuse sociale l'offre au patient dans une à plusieurs entrevues selon le cas. Il consiste en un lien de confiance que la travailleuse sociale établit avec le patient pour lui permettre d'exprimer ses anxiétés, ses difficultés, l'aider à les envisager et les solutionner. Ici donc entrent en jeu les techniques propres au service social personnel.

2. *L'interprétation* de ces mêmes traitements à la famille du patient qui peut ou bien renforcer les préjugés du patient ou l'aider à les combattre.

3. *Le support moral* au patient qu'il faut préparer à envisager la mort.

4. *Le support à la famille* devant le pronostic fatal chez un de ses membres.

5. *Le placement en institution.*

6. *L'organisation des transports* soit pour la visite à la clinique ou pour les traitements de radiothérapie. Un patient peut avoir des traitements quotidiens pendant plusieurs semaines consécutives.

7. *Les soins à domicile:* ce sera des soins de propreté, l'administration d'injections de sédatifs contre les douleurs devenues intolérables. Quelquefois, la visite d'un médecin de l'hôpital quand le patient n'est plus en mesure d'être transporté.

8. *Les services d'une aide-domestique* pour permettre à la patiente d'assurer en même temps l'entretien de sa maison et la poursuite de son traitement médical. Ce service est plus indispensable quand la patiente en traitement trouve son gagne-pain dans la location de chambres qu'elle ne peut négliger si elle veut conserver ses chambres.

9. *La réhabilitation:* ce service laisse peut-être un peu sceptique quand il est confronté avec le diagnostic de cancer. En effet dans une grande proportion de cas, la réhabilitation consistera en une aide financière qui permettra de vivre convenablement jusqu'au terme fatal.

Ces besoins que la travailleuse sociale rencontre font appel aux ressources communautaires.

Je puis dire que la communauté répond généreusement à la détresse du cancéreux. Vous avez déjà songé à la Société Canadienne du Cancer, au Cancer Aid League et aux autres organisations sociales qui moins directement que celles déjà citées contribuent aussi au bien-être du patient. La Société Canadienne du Cancer rend des services sans lesquels il ne serait pas possible d'assister convenablement le cancéreux.

Cette société offre différents services grâce à l'initiative personnelle de la directrice des Services de bien-être. Elle a su s'adjoindre des auxiliaires clairvoyantes et dévouées pour la formation de services tels, le Centre d'information de la rue Papineau, le Service des pièces à pansement, le Service des chauffeurs bénévoles, etc. La Société Canadienne du Cancer répond financièrement aux besoins des transports, remèdes et diètes spéciales, elle supplémente des pensions en Nursing Home, aide du foyer.

Pour illustrer un peu l'efficacité des services rendus mentionnons en passant que le Service des pansements prépare et envoie des pansements à 550 patients par mois et qu'un même patient peut bénéficier de ce service gratuit au-delà d'un an et plus suivant la durée de la maladie.

L'époque des Fêtes évoque encore le souvenir de Paniers de Noël à nos cancéreux indigents — une trentaine de patients cancéreux de l'hôpital Notre-Dame ont eu un Noël plus gai grâce à ces généreuses auxiliaires de la Société Canadienne du Cancer.

Le Cancer Aid League a récemment doté l'hôpital Notre-Dame d'un don de treize cents dollars généreusement mis à la disposition du patient cancéreux.

Une autre organisation sociale que je tiens à souligner pour ses services assidus et discrets, la Société des Infirmières Visiteuses. Par les soins de ses infirmières à domicile, la Société des Infirmières Visiteuses, assure le confort du patient, lui est en quelque sorte un prolongement de l'hôpital. Le patient qui quitte l'hôpital et doit continuer certains traitements, soit pansements, injections ou autre et tout rassuré si la travailleuse sociale lui promet la visite de l'infirmière visiteuse. Et qu'elles soient félicitées de leur diligence. Combien de familles n'auraient pas la même acceptation du patient cancéreux, alité, si elles n'avaient le support sympathique de l'infirmière visiteuse?

Je veux aussi mentionner l'ordre des Filles d'Isabelle qui par ses différents cercles offre des dons en argent utilisés à compléter l'achat d'articles dispendieux nécessaires aux malades.

Voilà une énumération éloquente de services offerts aux cancéreux; je suis la première à m'en réjouir. Cependant, comme travailleuse sociale, je réalise de plus en plus à leur contact, que les patients cancéreux vivent des émotions qu'il est difficile de saisir. Si souvent, leur état d'âme nous échappe; nous ne pouvons nous tromper en leur témoignant une affection sincère.

Comme infirmières et travailleuses sociales, nos rôles sont différents auprés du patient mais se rejoignent puisse notre désir de l'aider nous unit et renforce notre effort.

A simple, 90 per cent accurate blood test to help determine whether a patient has rheumatoid arthritis has been made available to physicians all over the country. This test is especially valuable in detecting the disease in its early stages. It depends on the fact that sensitized sheep blood cells will clump when in contact with serum from a rheumatoid arthritis patient.

— *Scope Weekly*

NURSING EDUCATION

Adventures in Science Teaching

HENRIETTA J. ALDERSON, M.S.

THESE ADVENTURES had their beginning in a feeling of dissatisfaction on the part of the writer — dissatisfaction with the quality of the teaching being given in the sciences, basic to good nursing practice. Doubt was fostered by disinterest, indifference and low quality learning on the part of the students whose common complaint was "we don't see why we have to learn all that stuff." At McMaster, we have a problem not common to many schools of nursing, namely, that at least part of the teaching in basic sciences is divorced from nursing practice. The sciences (anatomy, physiology, microbiology, and introductory pathology) are taught in an integrated course during the first two years of university studies and, as such, are correlated with courses in the other science areas chiefly chemistry (inorganic, organic, and biochemistry). This means that during the first year the students have no contact at all with nursing practice; in the second year, contact is limited to one day per week during the academic term following a brief summer period at the end of the first year.

The problem simply stated was — "how can we make learning meaningful under these circumstances?" Fortunately, we are in a unique position, relatively free of traditional influences and with a wide measure of independence in planning and formulating teaching methods and experiences. Pondering on the question, common to some of the readers, we formulated three objectives toward which to work:

(1) To improve the quality of meanings, moving progressively toward a fuller understanding for each individual and fostering self-maturity.

(2) To help the student see how the subject matter functions before she uses it, thus arousing in her a need for learning.

(3) To deviate from the traditional learning-centred curriculum, as one educator says "to unfix the ends."

An institute held at the university a year ago on the "case and incident method of teaching" stimulated thinking. Why could not cases and incidents be used in science teaching? As we thought of this idea we decided it had merit and could be used as a "springboard" so to speak. We could not, however, use the terms or techniques in the strict sense of the word.

The method adopted, now in its second year of trial, is being constantly changed and altered from the original plan and we are daily finding new ways of developing and expanding its use. For clarity, the method as currently employed with our two groups of students will now be described in as much detail as possible:

FIRST YEAR STUDENTS

For first year students, with little or no knowledge of nursing principles, we use incidents selected from within their experience field. Last fall, after an eight-week introductory period on a unit entitled "the cell, structural and functional unit of life," involving basic microbiological, cytological, histological and physiological principles, the students were ready to move forward to the larger unit "making adjustments to the external environ-

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ment," involving the functioning of muscles, bones, joints, and nerves. As an introduction to the unit the students came to class prepared to discuss in as much detail as possible an incident involving "an experience with a frightening situation." An informal discussion ensued in which each student told "how she felt," "what she did" and "how she reacted" to the fear situation. The students were requested to note any feelings or reactions that they had in common with other members of their class. By the end of the presentation period, the following sensations or reactions had been recorded on the blackboard:

loss of emotional control — including hysteria, excitement;
loss of intellectual power — forgetting, repetition of words;
loss of control — no sensation of what one was doing, running, collapse;
feeling of coldness — whole body, hands shivering, cold clammy perspiration;
other feelings — nausea, hollowness, dryness of mouth, muscles twitching, tension, shaking and weakness, fatigue, palpitation of heart, irregularity of pulse, increased rate, etc.

Progressing from these common feelings or reactions the students discussed the question — "In order to understand these feelings or reactions what do you need to know?" Many answers were forthcoming, such as —

nervous system: brain and spinal cord structure and function, memory, awareness, recall of past experiences, etc.
organs of reception — skin, ears, eyes, etc.
basis of sensations: coldness, shivering, dryness of mouth.
organs of response: heart and blood vessels, lungs — glands — adrenal — adrenalin.
muscles: contraction, relaxation, increased blood supply, oxygen, etc.
bones, muscles and joints: how they function together.

Then one student said "I'm lost, I don't know what we are doing!" The question was turned back to her classmates by asking — "How did you become aware of your fear?" "What did you do as a result?" "Why did you respond that way?" They reanalyzed their fear experience, noting — in answer to the questions —

(1) How they became aware of their fear — what receptors functioned to make them aware of their environment.

(2) What they did as a result — they experienced the above-named sensations and/or carried out certain acts.

(3) Why they responded in that manner — the receptor received the stimulus, carried it to the nervous centre, which in turn sent out messages to mediate the response.

To make the relationship clearer one simple act was carried through, briefly, by the cooperative effort of students and teacher, step by step, from reception to response, to illustrate the possible pathway. The students now faced the decision of where to begin their study. With almost unanimous consent they decided to begin with the receptors — ear, eye, touch, etc.

All must agree that, in this case, any previously outlined knowledge objectives certainly became recast and variable. We began with material often considered so difficult by some instructors that they leave it to the very end of the course. The students and teacher managed the experience cooperatively, they found the area of need, located the trial centres (methods of approach) and decided the direction and plan of the work. The teacher of course, had to be willing to change some of the subject matter and to readjust some areas of previous teaching.

You may now ask "How is such an experience evaluated?" The use of an incident or experience is continued into the examination period. Following are some excerpts from the mid-year examination to illustrate the technique:

"Mary Jane, age 18 years, a pretty plump girl with brown hair and eyes, is attending university for the first time this fall. She wears glasses for reading. About mid-term while attending a chemistry lab. she cut the back of her hand rather badly with some broken glassware. She was given first aid by both the doctor and the nurse. For a few days all seemed well, then she noticed redness and swelling around the cut, accompanied by pain and tenderness. The doctor ordered her to hospital for treatment."

2. Mary wore glasses for reading, as she suffered from hyperopia.

(1) What is this condition? Describe the mechanism briefly.

(2) Mary's eyeball structurally consists

of several kinds of tissue. What is the function of each kind of tissue *italicized?*

a. sclera — *white fibrous connective*
b. ciliary body — *smooth muscle*
c. lens capsule — *elastic connective*
d. conjunctiva — *simple squamous epithelium*
e. retina — *nervous tissue*
f. tarsal plates — *white fibrocartilage*

(3) List the structures in order through which a ray of light would pass in order to reach Mary's retina. What is the function of each?

(4) Differentiate between the function of the rods and the cones.

3. *The following structures of the skin were injured by the cut.* What is the function of each?

(1) stratum corneum
(2) stratum granulosum
(3) dermis
(4) sebaceous glands
(5) hair

6. *While in hospital receiving treatment Mary developed an infection of the respiratory system caused by a virus.*

(1) What is a system?

(2) What is the function of the respiratory system?

(3) What do you understand by each of the terms used in the definition of a virus — "a virus is an *ultramicroscopic, filtrable, intracellular parasite,* producing *inclusion bodies.*"

(4) During her infection all Mary's food seemed tasteless. Explain. Classify taste sensations.

Describe briefly the structure of a taste bud. How does it function? etc.

Your next question undoubtedly will be — "Where do you intend to go from this point?" The students have expressed unanimous desire and enthusiasm for their course of action — to proceed with the study of the brain and its mechanism. Following a brief introductory class in which an overview of the whole nervous system will be presented, the teacher and the students will again plan cooperatively to meet the immediate problems involved in studying this more advanced aspect of the original problem. Thus, learning becomes a series of need-experiences selected and developed through a circular learning process toward need-fulfillment, under the guidance of a mature adult who meanwhile is developing expertness in helping them understand, accept, and use such a method.

More Advanced Students

For more advanced students who have had some contact with actual nursing practice, case histories are used to good advantage. The histories are selected if possible from among the patients the students are nursing, preferably one that is familiar to several students. The histories should be real. They are used to introduce new units of work, stimulate informal group discussions or to provide settings for evaluation of learning. Before giving an example of this kind of planning, I would like to emphasize that only introductory pathology is taught and discussions do not involve theory or practice of any aspect of nursing. The unit on "body defense mechanisms" was introduced by a brief summary of three case histories, two of which follow, and the film "Body Defenses Against Disease."

Case #1. Mrs. King, age 31 years was first admitted to a general hospital on October 17, 1955. She was complaining of severe and intermittent pain of five weeks duration in her right upper quadrant. While in hospital, removal of her gallbladder resulted in disappearance of her pain. The pain recurred, however, within three weeks, with some evidence of relationship with food intake, and was accompanied by jaundice, nausea and vomiting.

She underwent surgery on October 23, 1955 for removal of a gallstone in the biliary duct. On October 30, 1955 there was redness around the incision with a drainage of yellow pus from the wound.

T.P.R. (ad) 98° - 84 - 20

October 30, 1955 - 101°

Culture report of drainage — staphylococcus *aureus hemolyticus.*

Sensitivity of organism — resistant to penicillin, moderately sensitive to streptomycin, highly sensitive to aureomycin, terramycin, chloromycetin, and erythromycin.

Case # 2. Mr. Hill, age 57 years, admitted September 16, 1955. History of right lower quadrant abscess with purulent drainage and some frank bleeding following operation three weeks ago. Area over right hip hot, red, and swollen.

T.P.R. (ad) 99.4° - 104 - 18. Area was incised and drained.

Laboratory reports —

	Pre-operatively	*Post-operatively*
Red blood count	3,680,000	4,280,000
White blood count	22,400	6,800
Polymorphs	97%	
Hemoglobin	68%	73%

Culture and sensitivity tests —

Coliform *bacillus* — highly sensitive to chloromycetin, resistant to all other antibiotics

Streptococcus *faecalis* — moderately sensitive to aureomycin, terramycin, chloromycetin and erythromycin.

Informal group discussion followed, stimulated by the question, "What do you need to understand in order to intelligently nurse these patients?" The teacher acted as recorder. By the end of the discussion period the following items had been listed on the blackboard:

origin and properties — staphylococcus, colon *bacillus*, streptococcus *faecalis*

resistance — patient vs organism

antibiotics and sensitivity tests

wound organisms —aerobic and anerobic

normal body flora — when does flora become pathogenic? What conditions predispose to this?

signs and symptoms of infection

reaction of the body to infection — general vs local

defense mechanisms — including liver and spleen

causes of disease — direct vs indirect (predisposing)

antibiotics vs antibodies

antibodies — chemical nature, duration, nature of activity, origin, kinds

organisms — destruction, environmental needs, growth on media, morphology, pure vs mixed culture, pathogenesis

how microorganisms are killed

physical agents — heat, cold, light, drying

chemical agents — antiseptics and disinfectants, sulpha drugs

how microorganisms enter the body, how they spread within the body, how they leave the body

how the environment is made safe — care of dressings, instruments, wounds, hands, dishes

how microorganisms are transmitted.

Here it might be pointed out that it is sometimes helpful to analyze histories under three headings:

(1) Things we already know or understand.

(2) Things we don't know or understand but know where to find the answers.

(3) Things we don't know or understand and don't know where to find the answers.

This analysis of histories encourages the student since she identifies areas in which she feels confident, while pointing out her deficiencies. Following the analysis the group planned cooperatively as to where, when, and how they would meet their needs. In this case, some topics were noted to be covered by formal lecture presentation, some by laboratory experiences and others by informal group discussions. The students first decided where they wished to begin — with a lecture-discussion period on the "causes of disease, predisposing and direct." Further lecture periods dealt with the overall results of disease — the body's reaction to disease, passive, specific (local and general) and nonspecific (including the alarm reaction); the reparative process, local and general, including immunity and hypersensitivity, and the general principles underlying disease transmission, control and prevention. Informal group discussion dealt with topics already somewhat familiar to the students, e.g., defense mechanisms and antibody formation.

A reference list of suitable readings was made available to help in answering questions and to stimulate further thinking. Laboratory experiences included a study of wound pathogens (aerobic and anerobic), sensitivity testing with antibiotics, determination of normal body flora, preparation of a bacterial vaccine, study of commercial preparations of vaccines and antisera, tests employed for the determination of antibodies in the blood sera, physical and chemical means of destruction and control and finally the study and evaluation of a nursing procedure involving either medical or surgical aseptic technique. It will be noted by many readers that in this study the case histories and resulting learning process involved somewhat more microbiology than physiology but this situation could well be reversed in the next problem the students attempt to solve.

Developing a Need

What was achieved by these adventures? By these methods — either the incident or the case history — the students were stimulated to develop a "need". A need is defined as "some inner drive or force within an individual impelling him to the action observed by outsiders and indicating to them the nature of his learning.[3]" The need arose out of the interaction of the student with the case history or the incident. It arose because she lacked experience to meet the situation provided, her previous experiences lacking quality, she must now find new and more satisfying experiences to solve the problem. The need will lead from present meanings to action, developing along the way inadequate answers, which in turn will stimulate new needs, demanding new experiences with better meanings and improved actions and finally a measure of self-maturity in an organized whole. Meanwhile everyone in the group has become more conscious of what, why, and how he selects meanings which are valuable enough to accept and retain.[2]

In conclusion may I say that this method has brought rich rewards both for students and teacher. For the student, it develops a goal for learning. She now learns because learning has taken on new meaning; she sees clearly the value and use of what she learns. Aspects of situations in which the individual makes no response can no longer exist, and in satisfying her need she extends the range and accuracy of her meanings. Furthermore, she develops ability in assessing a problem and planning a course of action in terms of desirable outcomes. She will be the better able to function as a mature individual when she is no longer under the direct guidance of her teachers. Finally she has learned to cooperate in group activities, to function as a member of a group, accepting a responsibility for group discussion and the outcomes of group action.

For the teacher, there is the reward of high quality learning. Students work harder and learn more than before; they pursue topics to a level of knowledge and understanding that you didn't believe possible. Discussions have spark and enthusiasm because all participants are keenly interested and alive; there is no more dozing in class. Evaluation of previous learning and the avoidance of dull repetition is easier. Teaching is no longer stereotyped — lesson so and so on such and such a day — because you no longer know just what each session will bring forth. You are helping to develop personalities and to assist them in attaining new levels of maturity — students awaken and blossom under the experience. Discipline is no longer a problem and you shed the cloak of authoritarianism to become a member of the group, all of you working toward a common end.

But do not misunderstand! There will be moments when you wish you could go back to the safety of planned, detailed lessons. Certainly there will be misgivings and difficulties. The method is time-consuming and sometimes you will have to be satisfied with achieving less, but it will be of a higher calibre. You cannot arrange outside help — audiovisual aids, special lectures, supplies and materials as easily. You must be sufficiently prepared in your subject matter that you can meet the needs and questions of the group at all times or at least know where you can find a solution to the problems which arise. Meanwhile you will want to keep within the framework of the broad areas in your overall plan and maintain a measure of continuity, scope and balance. You must be prepared to develop well all the techniques and qualities of a good leader — a leader who is a better teacher because she has helped others to respect their experiences and themselves through application of all of the principles of good leadership.

I feel that we have just begun to explore this method as it applies to science teaching. We have much to learn, many difficulties to surmount and many moments of doubt ahead. However if, through the use of this method, we are able to raise the level of maturity of our students, to offer them greater opportunity to discover, release, and develop their potential capacities toward ever higher levels of self-enhancement, then we will be amply rewarded. For those who may wish to enter upon this adventure I

suggest that they may find help in successfully achieving their goal by consulting some of the references listed at the end of this article. To each adventurer — the best of luck and happy voyage!

1. Hopkins, L. Thomas, The Emerging Self. New York: Harpers and Bros., 1954.
2. Hopkins, L. Thomas, "Needs and Interests, A Sufficient Basis for the Elementary School Curriculum." *Schoolmen's Week Proceedings*, 1952 (Reprint).
3. Jersild, Arthur T., In Search of Self. New York: Bureau of Publications, Teachers' College, 1952.
4. Snygg, Donald and Combs, Arthur W., Individual Behaviour. New York: Harper and Bros., 1949.

A Venture in Field Experience for Graduate Nurses

MOYRA ALLEN, M.A.

IN JUNE, 1955, the first year of a new course in teaching and ward management in medical-surgical nursing, was completed at the school for Graduate Nurses, McGill University, Montreal.

The field work was carried on in a 400-bed, general hospital with a small school of nursing. Two groups of graduate nurse students were involved, 20 students in the diploma program in medical-surgical nursing and four students in the final year of the degree program in nursing education and administration in hospitals and schools of nursing. The second group was responsible for the guidance and supervision of the first group, and the work of both groups was coordinated by members of the university staff. Considerable assistance, also, was received from the director of nursing of the hospital and her staff.

The field work was planned at every stage of development with both groups of students. As they could not all participate in each activity, the students selected projects in which they were interested. A rotation plan was set up so that each student would know her activities for the month and the time interval for each activity. Approximately one-half of the student's time was devoted to projects in ward management and the other half to classroom teaching and clinical instruction. The first two days of the field work experience were spent in orientation to the hospital, the nursing service and the school of nursing.

Miss Allen is assistant professor in charge of the Medical-Surgical Nursing program at the School for Graduate Nurses, McGill University, Montreal.

FIELD WORK IN WARD MANAGEMENT

During the one-month period it was not practical to expect students to administer or assist in the management of a ward; however, it was possible to analyze various aspects of ward management. The methods used should be valuable to the student in studying her own ward situation at a later date.

A "Head Nurse Study" was planned and carried out by all members of the diploma group under the guidance of one of the students in the final year of the degree program. The objectives of this study were:

1. To assess the level of the activities of the head nurse and the amount of time spent in activities at each level.
2. To determine the activities of the head nurse and the amount of time spent in each activity.

This was a time study in which the head nurse was observed continuously for a period of 16 days. The periods of observation were from 7:00 a.m. to 11:00 a.m. and from 11:00 a.m. to 3:00 p.m. Each student observed the head nurse for two consecutive pe-

riods, one period one day and the second on the following day. The areas of activity and the levels of activity had been agreed upon prior to the study. The reliability of this study was probably decreased due to the difficulty of the students in judging the level of some of the activities of the head nurse. As all students observed the head nurse, another variable was added. Its influence on the findings was recognized but for the purpose of this study the emphasis was on method.

Table I shows the level of activity performed by the head nurse and the per cent distribution of time devoted to each level. It may be noted that 65.91% of the time was spent in activities considered to be of the head nurse level, while 17.0% was devoted to the ward clerk level and 12.64% to the unit nursing staff level.

TABLE I

The Per Cent Distribution of Head Nurse Time by Level of Activity in One General Hospital in 1955.

Level of Activity	Time in Per Cent
Head nurse	65.91%
Unit nursing staff	12.64%
Ward clerk	17.00%
Other levels	4.45%
	100.00%

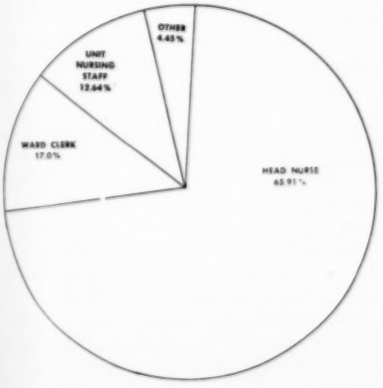


Figure I The Per Cent Distribution of Head Nurse Time by Level of Activity in One General Hospital in 1955.

The remaining 4.45 was classified as other levels.

Table II shows the areas of activity and the proportion of time given to each area. Almost one-half of the head nurse's time (49.27%) was devoted to patient care, as compared with 16.80% devoted to ward administration and 10.41% to personnel administration. Personal and other time amounted to 23.52%.

TABLE II

The Per Cent Distribution of Head Nurse Time by Area of Activity in One General Hospital in 1955.

Area of Activity	Time in Per Cent
Patient care	49.27
Ward administration	16.80
Personnel administration	10.41
Personal	18.32*
Other	5.20
Total	100.00

* Inclusive of lunch and coffee time.

***Figure II** The Per Cent Distribution of Head Nurse Time by Area of Activity in One General Hospital in 1955.*

An "Analysis of Activities at the Patient's Bedside" was another study planned and carried out by the diploma students under the guidance of one of the students in the final year of the

TABLE III

A Comparison of the Average Amount of Nursing Care Received per Patient with the Amount of Time Available per Patient from 7:00 A.M. to 3:00 P.M. on a Male and Female Ward in One General Hospital in 1955.

	Average Amount of Time in Minutes	
Ward	Nursing Care Received Per Patient	Nursing Care Available Per Patient*
Male	62.4	180.5
Female	66.9	176.7

* Exclusive of lunch and coffee time.

degree program. The objectives of this study were:

1. To determine the amount of nursing care given a patient at the bedside.
2. To determine the time spent in the performance of each of six different areas of nursing care by each staff member at the bedside.
3. To compare the amount of time spent at the bedside with the amount of staff time available.
4. To determine the average length of each contact and the number of contacts per patient by each category of staff.

The method used was a spot study of observation units at fifteen-minute intervals, and included all the patients in two general medical-surgical wards. Areas of nursing care were classified under two headings — physical care and verbal interaction. Physical care included:

Routine nursing care — bed bath, back rub, making bed, arranging unit, taking temperature, giving or removing food tray, giving and removing bedpan.

Special nursing procedures or treatments — enema, catheterization, blood pressure, changing dressing, hot compresses, medications, giving injections, observation of postoperative patient.

Indirect activities — accompanying doctor on rounds, assisting doctor with treatments, taking patients to x-ray, bringing in mail or flowers to patient, taking equipment to or from bedside, checking clothing, having patient sign admission slip, charting at bedside, reading with patient.

Verbal interaction included:

Procedural — seeking, receiving, or giving information concerning physical care, treatment or test.

Personal — greetings, joking, discussion of events in hospital or outside life, discussion of own or patient's feelings, recreational interests and skills, any friendly or personal conversation.

Teaching — specific information given by the nurse related to the patient's or his family's general health or specific health needs.

Table III shows a comparison of the average amount of nursing care received by each patient, male and female, with the amount of staff time available from 7:00 a.m. to 3:00 p.m. It is interesting to note that more than one-half of the available staff time is spent away from the bedside.

Table IV shows the analysis of this care given by the various categories of staff.

The average number of contacts of nursing staff with a patient from 7:00 a.m. to 3:00 p.m. on a male ward was 32.7, the average duration of each contact was 1.9 minutes. The average number of contacts on a female ward for the same period was 31.1, the duration of each contact was 2.1 minutes.

Further projects included an analysis of nurses' notes and morning report, an analysis of the method of recording doctor's orders and a study of the procedure for the administration of medications.

Field Work Teaching

Students in the final year of the

TABLE IV

The Distribution of Average Minutes of Nursing Care Given by Each Category of Staff at the Patient's Bedside, Male and Female, from 7:00 A.M. to 3:00 P.M., in a General Hospital in 1955.

Category of Staff	Average Amount of Time in Minutes	
	Male	Female
Head Nurse	1.0	2.0
Registered Nurse	22.0	33.1
Senior Student	13.9	5.8
Junior Student	11.8	13.5
Nursing Assistant	7.1	10.1
Maid	3.3	2.4
Orderly	3.3	—
Total	62.4	66.9

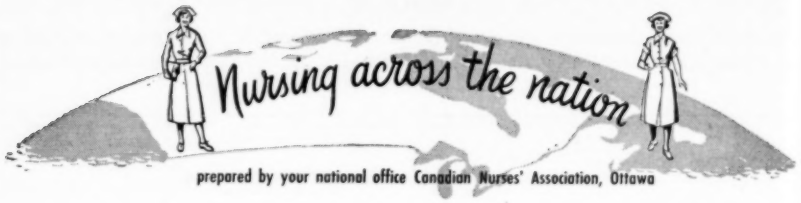
degree program supervised the students in clinical instruction in each of two medical-surgical units. Each supervisor was responsible for three graduate nurse students and each of these was responsible for one student nurse in the clinical instruction program. The activities in clinical instruction included:

1. Determining the objectives of clinical instruction in the unit.
2. Planning and carrying out an orientation program for new students.
3. Making out the student's assignments.
4. Guiding, supervising and assisting students to:
   a) assess the needs of patients and to determine the nursing care to meet these needs,
   b) make a nursing care plan for each patient,
   c) organize the care of their patients,
   d) give nursing care,
   e) make a plan for patient teaching,
   f) plan and give a nursing care conference,
   g) evaluating the student's progress through observation, anecdotal notes, progress conferences and summary reports.

Each of the clinical instructors taught a class in medical-surgical nursing during this period and set test questions on the material that she had presented. As they were familiar with the patients in the wards, the teachers were able to take the students on nursing rounds to observe patients with conditions similar to those which they were studying. Similar projects in clinical instruction were carried on by one student in the operating room and two in the outpatient department.

In another study the students analyzed the learning experiences available for student nurses in the two medical-surgical units. It was both a quan-

(Please turn to page 292)



Meeting Place

Ottawa was the centre of activity in February — nursing activity that is — as your CNA Executive Committee met for three days. Knowledge of the meetings was not confined to nursing circles alone, for due to constant press coverage, the citizens knew that they were hosts to 35 nursing leaders whose sole purpose here was to discuss and plan towards better nursing service for all Canadians.

What was Decided?

In the realm of nursing service itself, approval was granted for the printing of an Orientation Manual. This will be ready for distribution in Winnipeg, at our general meeting in June 1956.

This manual, prepared both in French and English, is intended as a guide. It presents suggested plans for orientation in the major fields of nursing — hospital nursing (including private nursing), public health and occupational health nursing.

A statement of policies regarding nursing service, as prepared by the Committee on Nursing Service was approved. A combined pamphlet on nursing service and nursing education policies will be prepared and we expect it will be ready in June.

The report of the functions and activities of the head nurse continues to interest the CNA membership. It is hoped that further study may bring about recommendations concerning the functions and preparation of the head nurse.

More Study of Functions

This time a study of the functions of the nursing assistant will be undertaken. The committee will be representative of both nursing service and nursing education. When this has been completed, the provincial nursing education committees will be asked to review the curriculum for nursing assistants considering particularly the length of the course and educational qualifications for admission. A third step will then be to see that the basic nursing course provides student nurses with an understanding of the functions of nursing assistants and of their contribution to nursing service. Basic nursing students will thus be helped to assume the professional nurse's responsibility for the total nursing care of patients, including the care given by nursing assistants.

Accreditation

This word, perhaps not so familiar to some nurses, will become, before the end of another biennium, a part of every nurse's vocabulary. To accredit, (according to Webster's dictionary), is to vouch for officially; to certify, as of a (prescribed or desirable) standard. It is agreed that it is the responsibility of any profession to evaluate its own programs of education. Accreditation, following such an evaluation, then, will benefit the health and welfare of the Canadian people since it will provide more effective nursing service through improving the preparation for that service.

A sub-committee has been set up to further consider this program of accreditation of schools of nursing. Dependent upon costs, a pilot study of accreditation in certain schools of nursing in Canada will likely be undertaken. Ample opportunity to study and consider such a program will be provided at the 28th Biennial Meeting.

Communications

The Public Relations Guide prepared

during this biennium, having received executive approval, is ready to go to the printers. Copies in French and English will be available in June.

An amendment to the bylaws will be presented at the Biennial Meeting on behalf of the Committee on Publicity and Public Relations. It is suggested that the committee be called the Committee on Public Relations. This has arisen from consideration of the fact that publicity is but one of several "instruments" designed to promote public understanding and goodwill for the nursing profession within a total public relations program. So, come next June, CNA members will vote upon this amendment aimed to broaden the scope of this national committee.

General agreement was voiced by all executive members on the importance of keeping CNA members alerted to the new programs, developments and achievements in all spheres of nursing. A continuing stream of news covering committee activities is felt to be essential to the development of an informed CNA membership. What better place for this news to appear than in the pages of *The Canadian Nurse*. Watch for this from now on.

CNA Crest

Our present CNA crest is under revision. Samples of the proposed crest will be available at the Biennial Meeting. You the membership, will vote upon the crest of your choice.

International Nursing Service

Executive members were reminded that it is the wish and hope of the International Council of Nurses, that nurses seeking employment or wishing observation of nursing programs in other countries be encouraged to use the services of their national nursing organization. It is interesting to note that some countries require that a "card of introduction" signifying sponsorship by their own national nursing association be used by the nurses. Such sponsorship for our nurses travelling abroad is assuredly of advantage to them. It not only gives them a feeling of security, but develops their knowledge and appreciation of their professional association.

Le Nursing à travers le pays

Lieu de réunion

Ottawa fut, en février, un centre d'activité en nursing; le Comité Exécutif de l'Association des Infirmières Canadiennes s'y est réuni et ces assises ont duré trois jours. Cet événement fut souligné par la presse et les citoyens canadiens ont appris que 35 infirmières, chefs de file de la profession, s'étaient réunies uniquement dans le but de discuter sur les moyens à prendre pour donner à tous les Canadiens un meilleur service d'infirmières.

Qu'a-t-on décidé?

Dans le domaine du nursing proprement dit, la publication d'un Manuel d'Orientation fut approuvée. Ce manuel, rédigé en français et en anglais, sera distribué au Congrès de Winnipeg, en juin 1956, à titre de guide pour l'orientation dans les différents champs d'action de l'infirmière — nursing à l'hôpital, comprenant le service privé, service d'hygiène publique, etc.

Un travail préparé par le Comité du Service d'Infirmières, sur les lignes de conduite ou politique concernant ce groupe, fut approuvé. L'on combinera dans un même fascicule la ligne de conduite au sujet de l'éducation en nursing et celle du service de nursing. Nous prévoyons qu'il sera prêt pour le mois de juin.

Le rapport sur les fonctions et les tâches de l'infirmière-chef continue de susciter de l'intérêt chez les membres de l'A.I.C. Nous espérons qu'à la lumière de nouvelles études, des recommandations seront faites au sujet des fonctions et de la préparation de l'infirmière-chef.

Une autre étude

Cette fois, l'étude portera sur les fonctions de l'auxiliaire en nursing. Le comité chargé de cette étude sera formé d'infirmières éducatrices et d'infirmières en service auprès des malades. Une fois ce travail terminé, les comités provinciaux de l'éducation en nurs-

ing seront appelés à reviser le programme d'études des auxiliaires en nursing, particulièrement en ce qui concerne la durée du cours et le degré d'instruction nécessaire à l'admission. Il sera alors à propos d'introduire au programme du cours de base dans les écoles d'infirmières des renseignements susceptibles de faire comprendre à l'étudiante infirmière le rôle de l'auxiliaire en nursing et la contribution qu'elle apporte au soin des malades. L'étudiante-infirmière apprendra aussi comment assumer ses responsabilités d'infirmière professionnelle dans tous les soins donnés aux malades, même de ceux donnés par l'auxiliaire en nursing.

Accréditation

Ce mot, qui ne revient peut-être pas souvent dans le langage des infirmières, fera avant longtemps partie de leur vocabulaire. Accréditer (d'après le dictionnaire Quillet) veut dire: faire connaitre la renommée, la réputation d'une personne ou d'une chose; c'est la reconnaissance officielle de certains standards recommandés ou désirés. C'est un fait reconnu et incontestable qu'il est du devoir de chaque profession d'évaluer ses programmes d'éducation. L'accréditation, après une telle évaluation contribuera à l'amélioration du service d'infirmières. Le perfectionnement des moyens apportés à la préparation et à l'exécution du service du nursing assurera le bien-être de la nation.

Un sous-comité a été formé pour l'étude d'un programme d'accréditation des écoles d'infirmières. Selon les ressources dont nous disposons, une étude d'accréditation plus ou moins intensive sera faite dans certaines écoles d'infirmières du Canada. Vous aurez l'occasion, lors du 28ième Congrès biennal, de vous renseigner sur le programme d'accréditation.

Relations extérieures

Le Guide sur les Relations Extérieures, préparé depuis le dernier congrès biennal et approuvé par le Comité Exécutif est prêt à être imprimé. Des exemplaires de cet ouvrage en français et en anglais seront à votre disposition en juin prochain.

Un amendement aux règlements sera proposé par le Comité de publicité et des relations extérieures. Il est suggéré que ce comité se nomme Comité des Relations extérieures, considérant que la publicité n'est qu'un des moyens dont nous disposons, dans un programme de relations extérieures bien organisé, pour renseigner le public sur l'activité de la profession d'infirmière et l'amener à mieux comprendre tous les avantages qu'il peut en retirer. Ainsi, en juin prochain, les membres de l'A.I.C. seront appelés à voter sur cet amendement dont le but est d'étendre le champ d'activité du Comité National.

Tous les membres de l'exécutif furent d'accord sur l'importance de tenir les membres de l'A.I.C. au courant des nouveaux programmes, développements et accomplissements dans toutes les sphères de la profession d'infirmière; tous ces renseignements vous sont communiqués dans *L'Infirmière Canadienne*. Désormais soyez-en une fidèle lectrice.

Le Sceau de l'A.I.C.

Nous sommes à reviser la composition du sceau actuel de l'A.I.C. Différents modèles vous seront présentés lors du Congrès Biennal et vous, les membres, serez appelés à voter pour l'adoption du sceau de votre choix.

Le Service International du Nursing

Le Conseil International des Infirmières a rappelé au Comité Exécutif son désir et son espoir de voir utiliser le Service International du Nursing par toutes les infirmières qui désirent obtenir de l'emploi dans un autre pays que le leur ou qui désirent y faire un stage d'observation. Il est intéressant de noter que dans certains pays l'on exige que l'infirmière présente une "carte d'introduction" ce qui veut dire une recommandation de sa propre association nationale. Pour les infirmières voyageant outre-mer, la recommandation de l'Association Nationale offre de grands avantages, outre de donner à l'infirmière un sentiment de sécurité, elle lui apprend à connaitre et à apprécier la valeur de son association nationale.

Chez les nôtres

L'Assemblée Annuelle de l'A.I.C. aura un éclat particulier cette année. 1956 marque, en effet, le 10ième anniversaire de la sanction de la Loi des Infirmières du Québec. Pour la première fois, je crois, dans le monde, du moins en Amérique, la profession d'infirmière était légalement reconnue. Le Gouvernement de la province de Québec confiait aux infirmières, comme il l'avait fait jadis pour les médecins et pour les avocats, la lourde responsabilité, de l'administration d'un la loi, responsabilité qui engageait tout l'avenir de notre profession.

Sous l'habile direction de ses dévouées présidentes et de ses secrétaires-registraires, l'on peut affirmer que l'Association a rempli consciencieusement sa tâche. L'Association compte actuellement plus de 10,000 membres

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pratiquants et de 4,000 membres retirés de la profession mais disponibles en cas de désastre.

Si nous regardons en arrière, nous constatons que de grands progrès ont été réalisés au cours des dernières années: progrès dans l'éducation, progrès dans le service des malades. La profession est mieux connue et plus appréciée. Toutefois dans une société qui évolue avec une rapidité vertigineuse, il reste beaucoup à faire pour marcher de pair avec les progrès de la médecine et des sciences sociales. Renseignons-nous, unissons nos efforts en nous souvenant que travailler à l'avancement de notre profession c'est contribuer au bonheur de l'humanité.

Tentative Program

28th Biennial Meeting of the CNA

University of Manitoba, Winnipeg, Manitoba

JUNE 25-29, 1956

Sunday — June 24

Meeting of Executive Committee, CNA

Monday — June 25

MORNING

Miss Gladys J. Sharpe, President of the CNA, presiding

Invocation ..... Rabbi Milton Aaron

Official Opening ..... The Hon. D. L. Campbell, Premier of Manitoba

Greetings

Response to Greetings

Roll Call of Federated Associations

Introduction of representatives of Commercial Exhibitors

Presidential Address ..... Miss Gladys J. Sharpe

Keynote Address ..... The Hon. T. J. Bentley, Minister of Public Health for Saskatchewan

AFTERNOON

Public Relations:

Panel — "Inform the Nation"

Chairman ..... Miss Evelyn Pepper

Participants ..... Outside speakers from the public relations field.

Question Period

EVENING

Barbecue Supper ..... *Hosts* — Governments of Saskatchewan and Manitoba.

Tuesday — June 26

MORNING

Finance ..... Miss Trenna Hunter

"How your Money is Spent" ..... Miss M. Pearl Stiver

Legislation and By-Laws ..... Miss Helen Carpenter

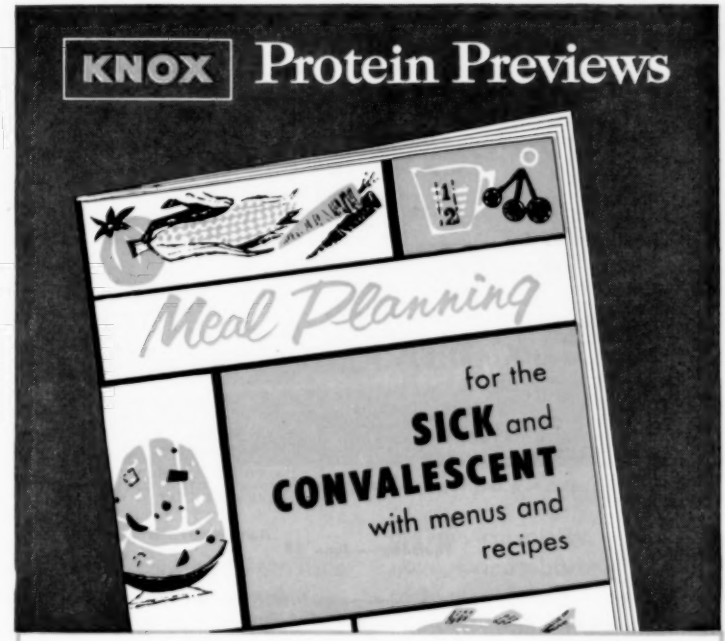
Dramatic Presentation ..... (Title and speakers to be announced).

AFTERNOON

Group and individual activities

EVENING

Variety Concert ..... Winnipeg's Theatre Under the Stars



New Booklet Presents
Latest Facts on Feeding the Sick

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"Meal Planning for the Sick and Convalescent" relieves you of the need for repeating over and over again essential dietary facts. This new Knox booklet presents the latest nutritional applications of proteins, vitamins and minerals, suggests ways to stimulate appetite and describes diets from clear liquid to full convalescent. It offers the homemaker for the first time detailed daily suggested menus for each type of diet, plus 14 pages of tested nourishing recipes.

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SPECIAL SESSION FOR STUDENTS — TUESDAY

MORNING

"What the Future Holds" ..... Panel Discussion
(Participants will be student nurses).
Question Period
Buzz Session
Luncheon for Students ..... Lower Fort Garry
Report from Buzz Session

(Student Nurses are requested to wear uniform for morning session.)

AFTERNOON

Group and individual activities

Wednesday — June 27

MORNING

Nursing Service:

"Toward Better Nursing" ..... A dramatic presentation
Discussion Period

AFTERNOON

Nursing Service ..... Miss Alice Girard
Guest Speaker ..... Miss Margaret Arnstein,
Chief, U.S. Division of Nursing
Resources, U.S. Public Health Services
General Discussion

EVENING

Guest Speaker ..... Dr. Adelaide Sinclair,
Executive Assistant to
Deputy Minister of Welfare

Thursday — June 28

MORNING

Nursing Education ..... Miss Evelyn Mallory
Panel — Accreditation, as it relates to preparation for Nursing Service.
Participants to be announced

AFTERNOON

Discussion Groups
Guest Speaker ..... Miss Mildred Schwier

EVENING

Fashion Show

Friday — June 29

MORNING

Trends in Health Services ..... Miss Dorothy Percy, R.R.C.
Chief Nursing Consultant, Department
of National Health & Welfare

Panel — "New Approaches to Civil Defence"
Chairman — Miss Evelyn Pepper
Dr. K. C. Charron, Director, Civil Defence Health Services, Dept. of National Health & Welfare
Dr. J. S. Tyhurst, Assistant Professor of Psychiatry, McGill University
Third speaker to be announced.

AFTERNOON

Report of Scrutineers
Report of Student Nurses' Session
Resolutions

EVENING

Mary Agnes Snively Memorial Lecture ..... Byrne Hope Sanders, C.B.E.
Installation of Officers
Reception ..... *Hostesses* — Alumnae Associations of
Schools of Nursing in Winnipeg Area

Report | from Carnation Research Laboratory

Carnation Research Laboratory, 8015 Van Nuys Boulevard, Van Nuys, California

General Research

For a half century, Carnation has conducted a continuous and expanding 5-phase research program in dairy and cereal products. Newest major research facility is the Carnation General Research Laboratory at Van Nuys, California—one of the most modern laboratories devoted exclusively to product research.

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Report of the Arrangements Committee

The Arrangements Committee reports the following progress to date in their planning for the biennial meeting.

Accommodation — Suitable accommodation has been arranged for a total of 1100 registrants. Special consideration is being given to provision of accommodation for members of nursing sisterhoods, student nurses and exhibitors.

Transportation — Cars and buses will be waiting at Winnipeg's railway stations, airport and bus depot on Sunday, June 24 to provide transportation to billets. Army cadets will be in attendance at the University residence to carry luggage.

Arrangements have been made to transport those staying in downtown hotels to the University campus each morning. Transportation for student nurse activities has also been arranged.

General Information Sheet — You will find one enclosed with the confirmation of your accommodation along with a city map.

Special Activities — A committee has been appointed to assist with plans for special group activities. A list of suitable restaurants and their price ranges has already been prepared for those planning an alumnae reunion, etc.

Hospital Tours — If you wish to visit any of the Winnipeg hospitals, arrangements will be made for you.

Reception Committee — Watch for the directive signs arranged for by this group to guide you to the University from the downtown area or about the campus itself.

Sunbonneted ladies of the "Covered Wagon" era will be ready to answer your questions at the Information Desk. And to help you recover that lost umbrella, our hostesses have thoughtfully provided a "Lost and Found" department.

Name Tags — Each registrant will receive a name tag.

Committee on Entertainment — Special church services have been arranged for Sunday evening, June 24. There will be a special Mass at St. Mary's Cathedral at 8 p. m. for Roman Catholics while the Protestant service will be held in Westminster United Church at 7 p.m.

Ethnic groups will provide the entertainment following the barbecue supper Monday evening, June 25. Tickets for the variety show and fashion show planned for subsequent evenings will be available at the Information Desk.

The sub-committee of transportation in charge of sightseeing tours has shown great initiative and imagination in their planning. You can be assured of seeing Winnipeg in a most enjoyable and novel manner.

We hope that all of you who have made even the most tentative plans to be among those present at this 28th biennium will find your hopes materializing. However, should you discover that you must cancel your arrangements, National Office would like you to know that the deadline for claiming a refund of your pre-registration fee is midnight, June 24.

Book Reviews

Human Relations in Nursing, by Wayland J. Hayes, Ph. D., and Rena Gazaway, B.S. P.H.N., M.A. 471 pages. W. B. Saunders Co., West Washington Sq., Philadelphia 5, Penna. 1955. Price $4.50.

Reviewed by Dorothy Dick, School of Nursing, University of Manitoba, Winnipeg, Man.

In this sociology text for basic nursing students a framework is provided to help the student understand the structure of society and the social significance of the situations within which she works. The importance of the nurse being aware of how these concepts function in society is emphasized. She is then able to understand and to provide comprehensive nursing care for those whom she serves.

The book has two sections. Part 1 develops the sociological principles. It encourages the student to relate these to her own background and her present life as a nursing student. With this as a point of departure, the student is

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introduced to the broader aspects of society and the principles which underlie social organization. Part II applies the understandings developed in Part I to nursing situations. The first chapter of this section describes the growth and development of the social structure within which present day nursing functions. The second chapter outlines the sociological factors that are a part of every nursing situation. Attention must be given to these if comprehensive nursing care is to be achieved. A discussion regarding the influence of these factors on various nursing situations which arise throughout the life cycle concludes this unit. Bibliographies for additional reading and questions for further investigation and discussion are included at the end of each chapter.

If one accepts a need for a book which specifically relates sociological concepts to nursing, then this text would seem to perform that function. The concepts developed here, as they are put into action by nurses in their work with patients and families, will provide much of that understanding which forms a basis for comprehensive nursing care.

The title "Human Relations in Nursing" leads one to expect more emphasis on the interaction between individuals than is included. The emphasis has been put on the social groups and institutions of which the individual is a part, and their relationship to nursing and nursing care. The book would be a useful reference for any basic nursing student.

The Meaning of Social Medicine, by Iago Galdston, M.D. 137 pages. S. J. Reginald Saunders & Co. Ltd., Toronto 1, Ont. 1954. Price $3.60.

Reviewed by E. C. Shaw, City Health Dept., Calgary, Alta.

Dr. Galdston's opening chapter illustrates very clearly that "Few among those occupied with social medicine agree entirely as to what it is. They do, however, agree that there is some such science in the making, and that whatever it may be and how much it may parallel or overlap public health and preventative medicine, social medicine is different from both." The failure of modern medicine "in the elimination of disease and in the promotion of health" is cited as the cause of the rise of social medicine. The author devotes considerable time to giving us the historical philosophies and background without which one would be completely at sea in following his train of thought.

In his chapter on mortality and morbidity, he illustrates how the gains in curative medicine have produced new problems. The increase in care of the chronically ill patient, with its future high cost, is the result of the lack of interest by medicine in the common conditions of man and its emphasis on the uncommon. Dr. Galdston criticizes the clinical teaching of medicine. He suggests an experiment in teaching medicine in the gestalt of social medicine. In the addendum, one realizes that the discipline of social medicine is existent in the medical schools in England now. There is disagreement in the schools as to how "social medicine" is to be taught, but it is agreed that there is a "past, present and future for it."

The author, with his broad background in the fields of medical education, public health and psychiatry, challenges our present outlook on disease. He shows how a change in attitude and teaching can bring curative and preventive medicine together to promote health and eliminate disease. This book has been written primarily for the medical teacher practitioner. It is also recommended for graduate nurses and senior staff members in both the institutional and public health fields.

The Management of Acute Poliomyelitis, by C. P. Stott, S.R.N., and M. Fischer-Williams, M.R.C.P. (Ed.). 99 pages. The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1955. Price $2.15.

Reviewed by Miss M. Blackwood, Nurse in Charge, Pediatric Dept., General Hospital, Hamilton, Ont.

Since the world applauded the discovery of the Salk polio vaccine the public has hoped that polio has been conquered. The doctor and the nurse are aware, as a recent press bulletin states, that "polio is a world scourge growing more and more damaging with each passing decade." Eventually most nurses encounter the problem of nursing someone suffering from this dreaded illness and feel very inadequate in knowledge and experience.

Instead of the summary usually found in many types of nursing texts this book provides a ready reference outlining the disease and explaining practical points for the patient's care and comfort. It lists the equipment required and explains the value of physiotherapy in facilitating recovery.

The authors' keen appreciation of the polio patient's problems and their emphasis on principles of nursing should help a young nurse to understand the many aspects of the nursing care involved. Excellent use is made of pictures and diagrams. The mechanical equipment, which is unfamiliar to many nurses, is

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Maritime Provinces: C. M. Knowlton, 147 Granville Avenue, Halifax, Nova Scotia.
Ontario and Manitoba: Jack Hood School Supplies, 91 Erie Street, Stratford, Ontario.
Quebec: C. R. Senecal, 3288 Van Horne Avenue, Montreal, Quebec.
Saskatchewan: Commercial Printers, Ltd., 1935 Albert Street, Regina, Saskatchewan.

presented in simple terms and the details involved in nursing with it are handled thoroughly.

In reviewing this text book its practical qualities are very obvious. It is well printed on quality paper and is very easily read. It is hoped that the title will not lead nurses to think of this book in terms of "poliomyelitis" only. It could improve the nursing care in so many illnesses that it well deserves a place on the reference shelves of the libraries of schools of nursing or in a nurse's personal libary.

Venture in Field Experience for Graduate Nurses

titative and qualitative study. The categories included the condition of patients, age group, acuteness or chronicity of the illness, nursing procedures and nursing problems.

All students were informed of the group's progress and difficulties in ward management and clinical instruction through half-hour conferences each day. At the completion of this field work two days were allowed for the presentation of reports and discussion of the results.

The consensus of the group was that this field work had been a most profitable experience. The strengths of this project were that it had been developed and planned *with* the students, that they had received guidance and supervision throughout the experience, and that time had been allotted for conferences regarding their progress and difficulties.

We are exceedingly grateful to the hospital for making this field work experiment possible.

In a recent experiment it was discovered that, during the course of her training, a student nurse walks 4690¼ miles.

La parfaite valeur est de faire sans témoins ce qu'on serait capable de faire devant tout le monde.

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ALL CONSTIPATED BABIES were relieved with complete easing of straining at stool, gas discomfort, restlessness and crankiness.

ALL TEETHING BABIES suffering concomitant gastrointestinal disturbances and malaise were relieved except one. Disturbed sleep, restlessness, crankiness were relieved as well as anorexia and constipation when present.

EMINENTLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction; no cutaneous eruptions or other allergic manifestations, no petechiae, no rise in rectal temperature, no alteration in cardiac and respiratory function, no vomiting or diarrhea, no oliguria, no albuminuria. No significant changes were observed in weight, growth, development or hemoglobin before and after the period of medication."

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In the Good Old Days

(*The Canadian Nurse* — APRIL, 1916)

His Majesty, King George V has been graciously pleased to confer the Decoration of the Royal Red Cross upon Miss M. C. Macdonald, Matron-in-Chief, Canadian Army Nursing Service.

* * *

The distribution of the blood fluid in shock is of interest and may be arrived at by a process of exclusion. It is not in the arteries as they are contracted and blood pressure is low. It is not in the surface veins as these are collapsed. The fluid portion of the blood has not escaped from the vessels as edema is not a feature of shock and the specific gravity of the blood is not raised. There remain only the great veins of the splanchnic area where, I believe, the great bulk of the vital fluid will be found.

* * *

Do not discard your old stockings! The tops of them make good petticoats or drawers for young children.

* * *

A most efficacious method of preventing wound infection is to cleanse all the surrounding area with petrol before applying iodine. In a leg wound, for instance, wash from the groin to the toe nails.

* * *

The infant welfare station established by Budin in Paris in 1892 and the milk depot opened two years later by Dufour mark the beginning of the modern movement for the reduction of infant mortality.

* * *

Mrs. Nellie McClung, who was guest speaker at the monthly meeting of the Edmonton Association of Graduate Nurses, spoke of the work of nurses and advised them to meet as a club instead of being an organization. "Then you can work in perfect unison in all your efforts."

Though evidence is accumulating daily for the value of hypnosis as a therapeutic tool, its use has largely been limited to difficult childbirths and reclaiming amnesia victims and alcoholics. Now it has been used to stop a cough which had persisted for eight days and was precipitating the death of a 14-year-old girl. The patient had been admitted to the hospital with a deep, brassy, body-shaking cough which had failed to stop in 72 hours. Despite medication with

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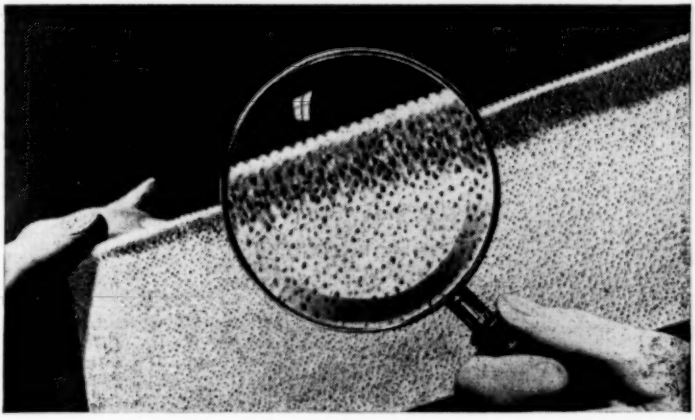

SMITH & NEPHEW announce that a new form of Elastoplast — a bandage with a Porous Adhesive spread — is now available. After years of extensive clinical trials and successful use in Great Britain, results confirm that this new Porous adhesive largely overcomes skin reaction to occlusion, which some patients experience beneath fully spread adhesive bandages, by permitting free evaporation of sweat and minimizing epidermal keratinisation produced by the stimulating effect of the adhesive.

Elastoplast bandages with Porous adhesive are now freely available. Prices are the same as the normal spread Elastoplast bandages.

Points about Porous Elastoplast

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every cough suppressant in the hospital formulary, the patient continued to cough — and to fail.

With the patient dangerously near exhaustion, a hypnotic state was slowly induced suggestively setting up increasing time limits for the patient to suppress her cough. By the third day, she had the cough under control and was discharged from the hospital. It is almost certain that hypnosis saved her life. — *New England Journal of Medicine*

* * *

Approximately 80% of patients treated in Ontario general hospitals spent 10 days or less in hospital. Fewer men than women were in need of care, but on the average the men required one day more hospital care than the ladies. Respiratory diseases accounted for 14.02% of admissions. Treatment for fractured bones caused the longest periods of hospitalization with heart disease a close second. In the long-stay group there was a preponderance of older people — 75 years and over — although fewer individuals in this age range were admitted. Persons from 25-34 years of age required hospitalization most frequently.

— *Hospital Morbidity Study, Province of Ontario*

Faith is one of the forces by which men live and the total absence of it means collapse.

— WILLIAMS JAMES

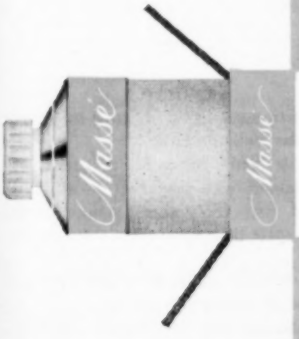
British Columbia

The following is a list of the staff changes in the Metropolitan Health Committee:

Appointments — *Mrs. Margaret Briar* (Toronto Gen. Hosp., Univ. of Toronto); *Nellie F. Davies* (Royal Free Hospital, London, Battersea Polytechnic, London); *Jessica Kirkland* (University College Hosp., London, Univ. of Edinburgh); *Mrs. Margaret Mead* (University Hospital, Edmonton, Univ. of Alta.); *Mrs. Margaret Papin* (Vancouver Gen. Hosp., U.B.C.); *J. Simons* (Grey Nuns' Hosp., Regina, U.B.C.); *Mrs. Gerda Todd* (Royal Vic. Hosp., Montreal, U.B.C.); *Norah White* (University Hosp., Edmonton, U. of A.).

Resignations — *H. Murdoch, M. Morgan, Mrs. Gardiner, E. Teir, Mrs. F. Clegg, Mrs. F. Whitelaw, Mrs. B. Revill, Mrs. M. Savage, Mrs. M. McKinnon.*

to promote tranquil breast feeding



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Sélection

Comment vivent les Hommes en notre temps?

M. Dickey Chapelle a publié un important article dans le *Saturday Evening Post* traitant de la "condition humaine en 1954" en dehors des groupes occidentaux et conclut:

1—Plus de gens vivent dans des huttes de boue et de paille que dans aucun autre genre d'abri.

2—Plus de gens voyagent sur leurs pieds ou sur le dos d'un bourriquot que de toute autre façon.

3—Plus de gens ont un espoir de vie qui n'est que la moitié de l'espoir de vie en moyenne aux U.S.A. que toute autre possibilité d'avenir.

4—Plus de gens vivent sans l'aide d'un médecin quand ils tombent malades qu'avec une possibilité quelconque de soins médicaux même les plus rudimentaires.

5—Plus de gens mangent ce qu'ils ont pu faire pousser eux-mêmes et meurent de faim quand leur récolte est mauvaise que toute autre sorte de nourriture d'autre provenance.

6—Plus de gens ignorent ce que c'est que de voter que de gens qui le savent.

Les populations dites développées représentent 400 millions d'âmes, et l'ensemble de l'humanité comporte 2 milliards 500 millions d'individus. On se plaint qu'en France et dans certains pays évolués il y aura bientôt trop de médecins, mais en Ethiopie, par exemple, on compte un médecin par 100,000 habitants. "L'INFORMATION MÉDICALE ET PARAMÉDICALE"

Un acte n'est rien sur le moment. C'est un objet que vous jetez à la rivière. Mais il suit le cours de la rivière, il est encore là, au loin, bien au loin, toujours là; il traverse des pays et des pays; on le retrouve quand on n'y pensait plus, et où on l'attendait le moins. Est-ce juste cette existence interminable des actes? Je pense que non. Mais cela est. — H. DE MONTBERLANT *(La reine morte)*

News Notes

ALBERTA

District 3

Calgary

Crippled Children's Hospital

"In tribute to those whose names are here recorded and to all others who through the years have given generously of their skill and devotion for the welfare of the little ones in the Alberta Red Cross Crippled Children's Hospital." A plaque bearing this inscription was recently unveiled in the hospital lobby to honor the medical and nursing staffs. The ceremony was performed by Mr. Ernest McLean, president of the Alberta division, and was attended by members of the provincial executive, Calgary Branch executive, the hospital board and many guests.

General Hospital

The Jessie Connal Memorial Scholarship Fund for presentation annually to a member of the graduating class was recently established. This has been just one of the numerous projects of the alumnae association during the past and current season. Other activities have included the sale of "hasti-notes," birth announcement cards and envelope address seals. The annual "mitten tea" proved remunerative and interesting. A major project of the current year is to be the furnishing of the Memorial Chapel which is being built in conjunction with the new nurses' residence. Graduates from near and far have contributed generously and it is hoped that the chapel will open in April or May.

The executive of the current year includes the following: Mrs. J. R. Milne, pres.; Mrs. R. Tregillis, 1st. vice-pres.; N. Baker, 2nd vice-pres.; Mrs. R. Parker, corr. sec.; Mrs. B. C. White, rec. sec.; Mrs. D. G. McInnes, treas. Mrs. J. D. Zmurchyk is the convener of the annual graduation banquet.

BRITISH COLUMBIA

Cranbrook

The annual chapter meeting took the form of a dinner party at the hotel. Twenty members attended this most successful event. The following slate of officers was elected: Mrs. C. Kram, pres.; Mrs. L. Truscott and N. Lee, vice-presidents; Mrs. C. Ferguson, sec.; M. Lewis, treas. An active year is planned with emphasis on graduate nurse education.

Fernie

A regular meeting of the local chapter of the R.N.A.B.C. was held recently with election of the following slate of officers: Mrs. L. Hockley, pres.; Mrs. R. Miller, treas.; F. Gerwing, sec.

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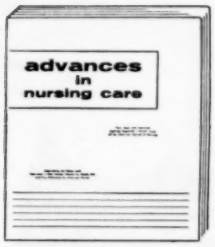

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PENTICTON

Dr. W. A. Wickett was the guest speaker at a recent chapter meeting where attention was directed towards cardiac disorders and their treatment. Dr. Wickett's excellent address on heart disease was followed by a brief discussion of the nursing care in coronary thrombosis conducted by M. K. Darters.

The business session was conducted by Mrs. A. Mason and plans were completed for a dance under the convenership of M. Delaney.

The February meeting was held in the nurses' residence with an attendance of 31. The guest speaker, Miss J. Bennett, district supervisor of the social welfare branch of the provincial government, discussed many aspects of her work in the area and of social work in the province. A film entitled "A Friend at Your Door" provided glimpses of social work in action. The business session was conducted by the president, Mrs. A. Mason. M. E. Walker was appointed chairman of the scholarship committee while Mrs. H. Lenzie is on the hospital board.

VANCOUVER

St. Paul's Hospital

Modern trends in medicine were discussed by Dr. J. W. Caldwell at the February meeting of the alumnae association. Nurses, who are no longer actively engaged in their profession, were given an excellent opportunity to keep abreast of developments. Plans are progressing for the annual spring dance which will provide a climax to graduation week activities. The annual election of officers is to be held at the June meeting and members are being urged to keep this important event in mind.

The class of January '46 held their annual reunion at the home of T. (Goddard) Perry.

VICTORIA

At the annual meeting of the chapter held at Veterans' Hospital recently, plans were made for a buffet supper to precede the Vancouver Island district meeting in February. Three institutes on Body Mechanics and Rehabilitation Nursing, arranged by the R.N.A.B.C. and conducted by Mrs. Grace Allan, were held in January and February. Seven hundred purse calendars with place and date of chapter meetings for 1956 have been mailed to registered nurses in this area.

Officers elected for 1956 were: President, Mrs. J. Jones; vice-presidents, Sister Mary Alena and Mrs. H. Woodhead; secretary, Miss G. Ballard; treasurer, Miss O. Wilson. Conveners of committees are: Programme, Mrs. Mattson; membership, Mrs. Damon; publicity, Miss A. Kelly; sick visiting, Miss J. Bompas. Serving in other capacities are N. Jones, E. Walther and B. Davis.

Business was followed by an excellent symposium on teaching obstetrics chaired by Miss E. Donaldson. Those participating were Dr.

C. Mellis Mair — The Obstetrician's Viewpoint; Miss B. Moore — The Obstetrical Nurse's Viewpoint; Miss B. Short — As the V.O.N. Teaches; Mrs. McIlmoyl — How the Patient Learns.

MANITOBA

BRANDON

Members of the Association of Graduate Nurses heard with interest of the changing picture of tuberculosis in this province. At a recent meeting, Dr. G. Coghlin, acting medical superintendent of Brandon Sanitorium stated that the yearly provincial death rate due to tuberculosis had dropped from 225 in 1950 to 64 in 1955. The introduction of the antituberculosis drugs had produced this reduction. On the other hand, there had been little or no decrease in the number of new cases since eradication of the disease calls for prevention which has not been generally achieved. Hospitalization is still a very important aspect of the treatment of this disease. Coloured slides emphasized the pertinent points of Dr. Coghlin's address.

The guest speaker for a subsequent meeting is to be Mrs. E. J. Skafel. The annual tea is to be held in the nurses' residence under the direction of Mrs. F. Moxham and I. Lamont.

WINNIPEG

General Hospital

The alumnae association is planning to hold the annual Spring tea in the auditorium of the new nurses' residence late in May. The proceeds from this event will be used to purchase furnishings for the library — the main project of the association for this year. A tour of part of the building with 1956 graduates acting as guides is planned and it is hoped that an opportunity will be afforded for many to renew friendships and acquaintances.

St. Boniface Hospital

The annual meeting of the alumnae association was held in conjunction with a dinner party attended by 220 members. Ten members with a record fifty years of service as graduate nurses were awarded life memberships. They are M. Wannacott, A. Starr, Mrs. E. Montgomery, Mrs. G. A. Lyon, Mrs. E. A. Jones, Mrs. C. H. Chawn, Mrs. P. J. Cayle, Mrs. A. C. McLeod, Mrs. M. Parent and Mrs. A. Slater.

The new slate of officers was presented and installed. They are Rev. Sr. Clermont, honorary pres.; Mrs. R. H. McNaughton, pres.; T. Greville, first vice-pres.; Mrs. A. Lemoine, second vice-pres.; P. Hanna, recording sec.; B. Bolt, corr. sec.; Mrs. M. Shaw, treas.

NEW BRUNSWICK

MONCTON

Recent meetings of the chapter have been held in the nurses' residence. Mrs. L. Colwell reported from the nursing education com-

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mittee that H. McHale from the teaching staff of the Hôtel Dieu had attended the course at Civil Defence College, Arnprior. A. Crothers from the teaching staff of Moncton Hospital was a guest speaker at the high school. Her topic, "Nursing as a Profession," was presented to students interested in nursing as a career. J. Lewis is presently engaged in postgraduate work in psychiatric nursing.

A play was presented by members of the Nurses' Christian Fellowship and a successful dance was sponsored by the Students Council of Moncton Hospital. Mrs. D. Van Buskirk reported that teachers for the home nursing course were needed by the St. John Ambulance Association. It is hoped that further television programs related to St. John Ambulance activities can be arranged. Mrs. Van Buskirk also announced that Miss D. Walker, Chief Consultant of the National Health Division, Dept. of Health and Welfare, would hold an institute on public relations in May.

Dr. Austin Clarke, executive director of Moncton Hospital, was the guest speaker at the January meeting. His topic, "Health Insurance as It Affects Nursing," provided the members with much interesting information.

Saint John

The annual meeting of the chapter was held in January with election of officers for the current year. Those serving include: W. Hooser, pres.; K. Donahue, 1st vice-pres.; H. D. McCallum, 2nd vice-pres.; A. Thorne, sec.; K. Christiansen, treas.

Committee reports indicated a successful year during 1955. Upon the recommendation of the provincial committee on publicity and public relations regarding the need for an educational program, a questionnaire is to be submitted to all members.

General Hospital

Late in January, twenty-five student nurses received their caps at an impressive candle-lighting ceremony. Parents and friends of the students attended the event. Miss M. Archibald was the guest speaker for the evening. B. Taylor, E. M. Adair and L. Johnston received bursaries presented by the Altrusa Club, the Women's Hospital and the Alexander Chapter of the I.O.D.E. White testaments were presented by members of the Gideon Ladies Auxiliary.

Miss C. M. Gleeson, who recently retired as supervisor of the communicable diseases pavilion, was the guest of honor at parties given by the staff nurses and members of the alumnae association. On each occasion she was the recipient of a gift from those attending.

Early in February the annual meeting of the alumnae association was held. The slate of officers elected for 1956 is as follows: Mrs. J. Stirling, pres.; Mrs. E. T. K. Mooney, 1st vice-pres.; Mrs. G. Somerville, sec.; Mrs. D. Crawford, treas.

Of particular interest to members and friends of the alumnae association is the announcement that a "History of the Saint John General School of Nursing" is soon to be published.

ONTARIO

District 3

Guelph

General Hospital

Under the direction of Mrs. C. Gausden, the alumnae association recorded an active and successful year during 1955. Events included a tea and penny sale, the annual dinner in honor of the graduating class, an early summer picnic and a fall card party. The fall dance proved a financial and social success as usual. All activities were enthusiastically supported by the members.

The regular meetings offered much of educational value to those attending. Heart disease was discussed by Dr. W. C. Burchell at one meeting. Mr. D. Kennedy, president of the Rotary Club, was the guest speaker on another occasion, at which the film "None are Refused" was shown. The customs of Singapore were discussed by Mr. Yoe in November while at a previous gathering Dr. Norman High from the Ontario Agricultural College spoke concerning agricultural developments in England and Scotland. The annual bursary was presented to a student nurse. Various contributions of money were made to worthy causes during the year.

In January of this year, the election of officers took place. Members elected to serve for the current term include the following: M. Featherstone, pres.; Mrs. Donald Shaw, rec. sec.; Mrs. G. M. Elliott, corr. sec.; C. Ziegler, treas.

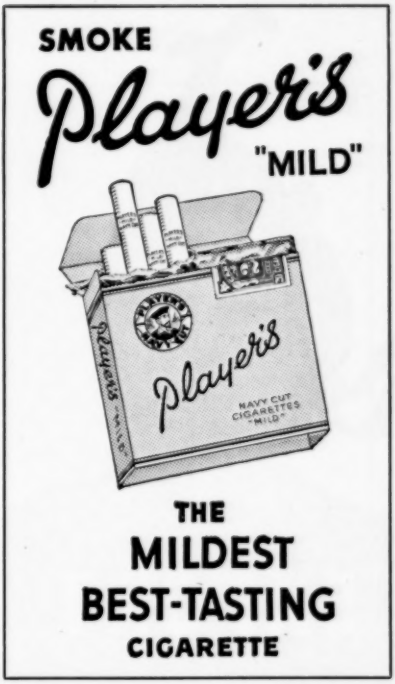
District 5

Toronto

General Hospital

The past year saw many class reunions and plans were made for similar occasions this year. News of the members of the various classes showed varied activities. V. Lindabury accepted a position as clinical instructor at Royal Victoria Hospital, Barrie. E. Panter has returned to her home school as nursing arts instructor. A. Cheyne is now a nursing office supervisor following a period of postgraduate study. M. Murray recently retired from the social service department.

Attending the University of Toronto are: J. Enright and N. Lee, hospital administration; M. Parish, L. Martin and B. Burgar, public health nursing. A. Kimberley is presently taking postgraduate work at the Montreal Neurological Institute. P. Thompson has returned to the staff of the University Hospital, Edmonton following postgraduate study. O. Wolenska is engaged in polio nursing and M. MacArthur is in charge of the health service at the University Hospital, Edmonton. M. Burgar is on the staff of the V.O.N. in Peterborough while M. Helston is at the Peter Bent Brigham Hospital, Boston. D. Coggins has joined the staff of the East General Hospital. E. Matheson and J. Cameron are in Khartoum, Egypt. M. Alldred is now head nurse of the



women's section, Ward B with J. Smith, as her assistant. J. Inksater, R. Inkinen, I. Szekeres and M. Hood are also serving as assistant head nurses. E. Hill is head nurse of the women's division, Ward C and R. Kiratsu has replaced L. Humphrey as head nurse on Ward F. R. Leavens and J. Partridge recently resigned from the staff of the hospital. After many years of service in Vellore, India, L. Chute has returned to Canada.

At a recent meeting of the alumnae association, the following slate of officers was elected to serve for the current year: Mrs. M. Strong, pres.; J. Dodds, 1st vice-pres.; Mrs. K. Smith, 2nd vice-pres.; Mrs. W. A. White, sec.-treas.

Women's College Hospital

Members elected to the executive of the alumnae association for the current year include the following: Miss E. Fraser, pres.; Mrs. McMillen, rec. sec.; Mrs. L. Shapero, corr. sec.; Mrs. D. Gordon, treas.

District 6

Peterborough

Civic Hospital

At a recent meeting of the alumnae association the following slate of officers was elected to serve for the current year: Mrs. G. Wainwright, past pres.; Mrs. J. Olaveson, pres.; S. Brown, 1st vice-pres.; A. Rose, 2nd vice-pres.; D. Connell, rec. sec.; Mrs. O. Lunn, treas.; Mrs. C. Goodberry, corr. sec.

District 8

Ottawa

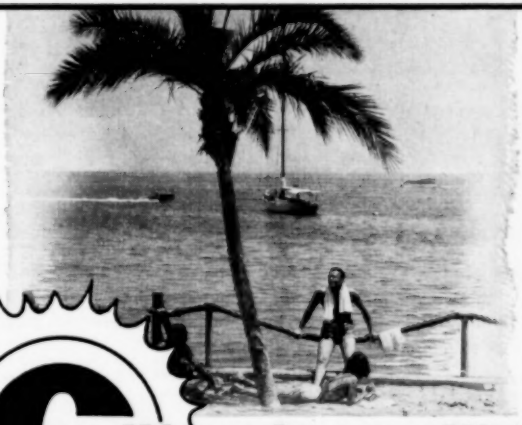
Civic Hospital

The annual meeting of the alumnae association was held in January. Officers for the current year were elected. It was reported that the rummage sale held late in the fall of 1955 was a financial success as well as a pleasant social event. An equally successful tea and sale was sponsored by the Memorial Organ Committee. The fund for the organ is still open for those who may yet wish to contribute. Late last fall a bridge party and sale of homecooking helped to swell alumnae coffers. This event was convened by Mrs. A. Thomson and Mrs. J. Argue.

Members will be interested to learn that the Agnes Hudson Chapter of the I.O.D.E. of Salmon Arm, B.C., has granted the first of its annual scholarships in memory of Gertrude M. Bennett. The award is given to young women of that district who wish to make nursing their career. The first recipient of a nursing bursary of $450 awarded by an Ottawa newspaper to the Civic Hospital is K. Woodwark. Her mother, Ida (McDowell) Woodwark, is a graduate of 1930.

Developments within the hospital have included installation of a cobalt bomb for general use in the treatment of cancer. The trustees have recommended a four to five year expansion plan which would eventually increase the patient capacity by 300 beds. In addition other new departments and facilities would be accommodated.

News of the graduates includes the following items. F. Lyons is presently nursing in New York. J. I. MacLean has joined the staff of Toronto East General Hospital. M. Smith and B. Weightman are working in Coppercliff. M. E. Whitney is registered at the University of Toronto. D. (Lawrence) MacLachlan is working in Brooklyn, N.Y. B. Fanjoy, who recently returned from Africa, has joined the staff of Walter Reid Hospital, Washington. B. Barr has accepted a position as supervisor of obstetrics in the Toronto East General. E. McLennan has joined the staff as a clinical instructor while M. Logan-Vencta is in the teaching department. D. Montgomery is nurse in charge of the operating room in the new Doctor's Building. G. Foster is attending Ottawa University where she is majoring in nursing supervision. R. Lavshway and E. Gendron are attending University of Toronto and are enrolled in the teaching and supervision course. M. Graham is on the staff of the Leeds and Grenville Health Unit. E. Tingley is with the Lennox and Addington H.U. and D. Ogilvie has joined the Public Health Unit of Michipicoten Township. M. Robertson and E. Brash are presently working in Bermuda. W. Whaley, E. Michel, A.



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Lewis, G. Burpee and B. Pearson are on the staff of the Vancouver General Hospital, and E. Kidd, M. Kidd and D. Filson are working in the Peterborough Clinic. P. Legault is on the staff of the University Hospital, Edmonton as is P. Sharpe. S. Nixon is director of nursing at the Children's Hospital, Winnipeg.

District 12

Kapuskasing

The "Northern Chapter" recently formed in this area has recorded a most successful beginning in professional activity. The monthly meetings have been well attended, in spite of distances, and the programs have been of excellent calibre. The efforts of an energetic program committee promise plenty more gatherings of a similar nature. It is felt that this new organization will do much towards strengthening professional bonds and promoting good public relations among the nurses of this vast northern area.

QUEBEC

District 11

Montreal

Queen Elizabeth Hospital

The following slate of officers was elected

to direct alumnae activities for the current year: B. Cummings, pres.; Mrs. D. Renwick, vice-pres.; B. Mann, sec.; Miss Dorrington, treas.; M. Bennett, assistant treas.; A. MacDonald, rep. to *The Canadian Nurse.*

General Hospital

The traditional carol singing of the past Christmas took place in the setting of the new building. Those who remembered the open wards of the old hospital suffered pangs of loneliness as they watched the procession of carollers move through the long corridors. Mr. Bulford, who has contributed his services as organist for many years, was assisted by his son this season — the singers having been divided into two groups.

The alumnae association held their annual party in Livingston Hall — their first Christmas in new surroundings. Members were welcomed by Miss Odell. The main feature of the evening was a carol-sing led by members of the preliminary class.

I. Riley who received her B.Sc. degree from Teachers' College, Columbia University during this past year, is presently on the teaching staff of the Jewish General Hospital. A. Peverley received the degree of Master of Public Health from Yale University in May of last year. She returned to her position of assistant professor in public health nursing at the School for Graduate Nurses, McGill University. C. Denovan is now in charge of the dietitians' residence. F. Elford accepted an appointment as night supervisor.

The members elected to office for the current year of alumnae activities are: B. G. Herman, pres.; E. W. Odell, 1st vice-pres.; M. Allen, 2nd vice-pres.; M. Johnson, rec. sec.; J. Hackwell, corr. sec.; M. I. MacLeod, treas.

District 3

Sherbrooke

A meeting of the English chapter was held late in January with Miss Suzanne Giroux, official visitor to French schools of nursing, as guest speaker. She gave a stimulating and vivid description of her recent visit to England, France and other European countries. A large number of students and several members of the French chapter attended the meeting.

Sherbrooke Hospital

Members of the staff association were afforded the opportunity recently of hearing Dr. A. A. Dougan discuss electrolyte balance. At a subsequent meeting Dr. H. McDougall presented the latest developments in chest surgery.

The following slate of officers has been elected to direct alumnae activities for this year: Mrs. D. Lebrun, pres.; K. Vaughan, 1st vice-pres.; Mrs. G. Bryant, 2nd vice-pres.; Mrs. M. Mandigo, rec. sec.; Mrs. A. Morrison, corr. sec.; M. Beckwith, treas.; S. Carson, rep. to *The Canadian Nurse.*

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Registered General Duty Nurses for 18-bed hospital. Salary: $240 less $30 perquisities with yearly increase of $10 per mo. 44-hr. wk. Vacation with pay, all statutory holidays, liberal sick leave. For further information please telephone collect to Miss H. Moore, Matron, Union Hospital, Oxbow, Sask.

Registered Nurses. Salary: $225 per mo. gross. 5-day wk. Single room residence. 20 miles east of Toronto. Apply Supt., Ajax & Pickering General Hosp., Ajax, Ont.

Registered Nurses for Psychiatry. Student affiliation or postgraduate work preferred. For information apply Director of Nursing, Victoria Hospital, London, Ont.

Registered Nurses (1 or 2) for 24-bed hospital. Salary: $190 per mo Full maintenance. Usual increases after 6 mo. Holidays, sick leave. Modern nurses' home. Apply Matron, Union Hospital, Vanguard, Saskatchewan.

Registered Nurses & Certified Nursing Assistants for general duty. 44-hr. wk., annual vacation with pay, statutory holidays. For further information apply Supt., of Nurses, General Hospital, Cobourg, Ont.

Assistant Head Nurses, Surgical, Obstetrical & General Duty Nurses for 355-bed General Hospital. Starting salary: $260, $270 for afternoons & nights. Apply Director of Nursing Service, St. Vincent's Hospital, 2447 N.W. Westover, Portland 10, Oregon.

Registered Nurses for Supervision & General Duty in 150-bed Tuberculosis Hospital. 31-day annual vacation, 7 statutory holidays, 44-hr. wk. Three $5.00 increments every 6 mo. Residence facilities available. Apply stating age, experience & salary expected to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal, Que.

Registered General Duty Nurses for new 58-bed hospital situated in North Western Ontario. Opening about Sept. 1, 1956. Salary: $215 per mo. subject to increase after 6-mo. with regular annual increase thereafter. $45 per mo. room & board. 30 days vacation & rail fare refunded after 1 yr. service. New 21-bed nurses' residence, each room having an adjoining bathroom. Apply stating age & when available to Frederick Taylor, Administrator, Dist. General Hospital, Dryden, Ont.

Registered Nurses for 18-bed General Hospital. Salary: $225 less $30 for full maintenance. 44-hr. wk., 10 statuatory holidays. Beautiful part of B.C. Apply Matron, Arrow Lakes Hospital, Nakusp, B.C.

Registered Nurses (2, experienced) for 50-bed hospital. Salary: $185 per mo. plus full maintenance with $5.00 increases every 6 mo. for 2 yrs. For further information apply Matron Municipal Hospital, Wainwright, Alberta.

Registered Nurses for 28-bed hospital, 48 mi. southeast of Montreal. Salary $150 per mo. $5.00 increment every 6 mo. to maximum $165 plus full maintenance. 1 mo. annual vacation with pay, all statutory holidays, 2 wk. sick leave, Blue Cross paid. 8-hr. day, rotating shifts. Wonderful summer resort 8 mi. from Lake St. Francis. T.V. in nurses' residence. Apply Mrs. M. G. Curran, County Hospital, Huntingdon, Que.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & postgraduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

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General Staff Nurses for fully accredited, private teaching hospital located on Lake Michigan, just north of Chicago. Salary range: $303-$328.70. Shift bonus, $26 afternoons & $17 nights. 5-day, 40-hr. wk. Progressive personnel policies. Excellent cafeteria & attractive rooms at reasonable rates. Please indicate type of service preferred. Apply Director of Nursing, Evanston Hospital, 2650 Ridge Ave., Evanston, Illinois.

Staff Nurses (all services) for 325-bed General Hospital 20 min. from downtown Detroit. Starting salary: $315, after 1yr. $336. 40-hr. wk., rotating shifts. 2-wk. vacation, 16 days sick leave, 6 legal holidays per yr. without loss of salary. Medical, surgical & life insurance benefits. Must be eligible for Michigan registration. Apply Director of Nursing, General Hospital, Highland Park 3, Michigan.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with School of Nursing. Salary: $288-$341. Shift, special service & educational differentials, $10. 40-hr. wk; 3-wk. vacation; 11 holidays; accumulative sick leave. Apply Associate Director of Nursing Service, County General Hospital, Fresno, California.

Staff Nurses for 100-bed hospital. Gross salary commences at $2,100. Apply Supt. of Nurses, Western Memorial Hospital, Corner Brook, Newfoundland.

Staff Nurses & Operating Room Scrub Nurses for 225-bed General Hospital on outskirts of New York City. Salary $240-$280; $20 extra for O.R. duty; $30 for permanent evening duty; $25 for permanent night duty. Apply Director of Nursing, St. John's Riverside Hospital, Yonkers, N.Y.

Operating Room Nurses, immediate appointments, for 511-bed newly enlarged and finely equipped hospital; 10 operating rooms now completed. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial and educational friendly activities; living cost reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio, and Pittsburg, Pa. Friendly and considerate working associates and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Operating Room Nurse & Registered General Duty Nurses for very active General Hospital. Good salary & personnel policies. 44-hr. wk., 8 statutory holidays. Residence available. Apply Director of Nurses, Peel Memorial Hospital, Brampton, Ont.

Operating Room Scrub Nurses with experience for new operating suite near completion, finely equipped. Salary open depending upon preparation or experience. Desirable working conditions. Travel expenses if necessary. Apply Supt. of Nurses, Union Hospital, Moose Jaw, Saskatchewan.

Operating Room Nurses (2) for 60-bed General Hospital. Apply Superintendent, Leamington District Memorial Hospital, Leamington, Ontario.

General Duty Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary: $235-268. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

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Position vacant August 1956. Modern classrooms & facilities. Present student enrolment 54. New 85-bed nurses' residence to be opened in fall. Salary commensurate to qualifications. Liberal personnel policies.

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General Duty Nurses for 650-bed teaching hospital in central California. Salary: $288-$337 per mo. 40-hr. wk. Liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

General Duty Nurses. Salary: $230-270, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, (1) mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

General Duty & Surgical Nurses for 64-bed acute treatment, fully accredited hospital in Northern California. Excellent living conditions. Close proximity to vacation areas for leisure time. Full details at once on salaries, working conditions, paid holidays, paid vacations, paid sick leave & other benefits. Please apply Director of Nursing Services, Clinic Hospital, Woodland, California.

General Duty Nurses for 30-bed General Hospital. Excellent working conditions, personnel policies & recreational facilities. Apply Miss M. I. Baker, Supervisor of Nurses, Joyce Memorial Hospital, Shawinigan Falls, Que.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

Royal Jubilee Hospital, Victoria, B.C. invites applications for **General Duty Nurses** for permanent positions & vacation relief in 500-bed General Hospital. Salary $227.50-$262.50. 5-day, 40-hr. wk. 4-wk. vacation. 10 statutory holidays. Pension plan. Attractive employee benefits. Apply, Director of Nursing.

General Duty Nurses for all departments. Gross salary: $210 per mo. if registered in Ontario $200 per mo. until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing. General Hospital, Oshawa, Ont.

General Duty Nurses for 110-bed General Hospital situated in the beautiful Fraser Valley, 68 mi. from Vancouver. Good bus service. Salary: $230 per mo. Personnel policies in accordance with R.N.A.B.C. agreement. 40-hr. wk. Residence accommodation. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

General Duty Nurses (4) for modern active 45-bed hospital. Busy town of 2,500. Daily bus to N. Battleford & Saskatoon. Basic salary: $225 per mo. les $30 per mo. for maintenance. 8-hr. rotating shift. Separate nurses' residence. Transportation by bus or rail up to an amount of $50 allowed after 1 yr. service. Apply stating age & experience to Matron, Union Hospital, Meadow Lake, Sask.

General Duty Nurses for 65-bed hospital. Gross salary: $185-$210. 44-hr. wk., statutory holidays. For further information apply Director of Nursing Services, General & Marine Hospital, Collingwood, Ont.

General Duty Nurses. All shifts, no rotation. Starting salary $290, increases to $349 plus shift differential of $10. Specialty services, **Ob-Peds-Tb-Isol** $10-$15 extra. 5 day wk. 3-wk. vacation end of 1st yr. 11 statutory holidays each yr. Nurses' home available at $15 per mo. Ideal location, short distance from San Francisco or mountain resort areas. Apply Director of Nurses, Stanislaus County Hosp., 830 Scenic Drive, Modesto, California.

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General Duty Nurse (O.R. experience) for 70-bed hospital on B.C. coast. Salary: $222-$242 per mo. less $25 full maintenance. 28-day vacation plus 10 statutory holidays after 1 yr. Apply Matron, Saint George's Hospital, Alert Bay, B.C.

General Duty Nurses for well equipped 47-bed hospital. 8-hr. duty, 5½ day wk. Annual vacation with pay, statutory holidays. Full maintenance in new modern residence. For further information apply Supt., General Hospital, Kincardine, Ont.

General Duty Nurse for Surgical Unit handling thoracic & orthopedic surgery. For further information please apply Director of Nursing, Fort William Sanatorium, Fort William, Ont.

General Duty Nurses. Good personnel policies. Apply The Superintendent, Espanola General Hospital, Espanola, Ont.

Graduate Nurses for 8-bed hospital. Salary: $275 per mo. plus full maintenance which includes board, room & uniforms laundered. 5-day wk., 8-hr. shifts. Apply Dr. Jack C. Nichols, Dept. of Public Health, Mono County Hospital, Bridgeport, California.

Graduate Nurses for general staff duty in tuberculosis hospital for the treatment of adult medical patients. For further information apply The Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Que.

Baker Memorial Sanatorium, Calgary, Alberta, offers to Graduate Nurses a 6-mo. post-graduate course in Tuberculosis. Maintenance & salary as for general staff nurses. Opportunity for permanent employment if desired. Spring & Fall Classes. Further information on request.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience to Matron, Terrace & District Hospital, Terrace, British Columbia.

Graduate Nurses (2) for 64-bed hospital 250 mi. northwest Edmonton. Good train & mail service. Salary as recommended by R.N.A. of Alberta, increments of $5.00 every 6 mo. for 2 yrs. $30 room & board. Transportation allowance up to $50 after 1 yr. service. 28 days paid vacation after 1 yr. plus 10 statutory holidays. 1½ days sick leave per mo. Apply Sr. Superior, Providence Hospital, High Prairie, Alta.

Graduate Nurses (General Staff Positions) for General Hospital. Salary: $235.50 per mo. as minimum & $273.75 as maximum, plus shift differential for evening & night duty. 40-hr. wk. Temporary residence accommodation is available. Applicants not registered in B.C. should forward a letter of acceptance of registration in B.C. from the Registrar of Nurses, 2524 Cypress St., Vancouver, B.C. Please apply Personnel Dept., Vancouver General Hospital, Vancouver, B.C.

Graduate Nurses (Labor & Delivery Rooms) for 100-bed unit in maternity hospital. Apply Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Graduate Nurses for 29-bed General Hospital — 2 positions open. Beginning salary: $250 per mo. 2-wk. vacation with pay. Sick benefits, Blue Cross Hospitalization & Social Security Benefits. Apply Business Manager, Otis Hosp., Inc., 441 E. Market St., Celina, Ohio.

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Graduate Registered Nurses for general duty for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary $300. Good personal policies. Apply Highland Park Hosp., Foundation, 718 Glenview Ave., Highland Park, Ill.

Graduate Nurses & Dietician (1) for new, very modern 88-bed hospital in a pleasant progressive town. Nurses salary: $200 per mo. Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation, bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool, bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital, Orangeville, Ont.

General Duty Nurses (one, May 1 — one, June 1) for 15-bed hospital. Starting salary: $175 plus full maintenance with $5.00 increases each 6 mo. for 2 years. 1 mo. vacation with pay per yr. Usual holidays. Nurses' quarters in hospital. Daily C.N.R. & bus services. Write, phone or wire The Matron, or Sec., F. J. M. Lijdsman, Municipal Hospital, Oyen, Alberta. Telephone No. 6 or 23-51.

Laboratory Technician for 65-bed hospital, experienced in urinalysis, haematology, chemistry & blood bank. Living accommodation available. For further information apply Administrator, General & Marine Hospital, Collingwood, Ont.

Laboratory Technician (experienced). Good salary. Living accommodation available. Please advise immediately if interested to Administrator, General & Marine Hospital, Collingwood, Ontario.

Supervisor of Public Health Nursing for generalized program in city of 43,000. 5-day wk., 1 mo. vacation with extra time at Christmas or Easter. Cumulative sick leave. Pension plan, Blue Cross & P.S.I., Workmen's Compensation. Transportation provided or allowance. For further information please write supplying details of training & experience to Dr. J. P. Wells, M.O.H., Peterborough, Ont.

Public Health Nurses for generalized program in Seaway Development Area. Minimum salary: $2,700 with allowance for experience. Group insurance & Blue Cross available. Good transportation policy. Apply R. S. Peat, M.D., Medical Officer of Health, S. D. & G. Health Unit, 104 Second St. W., Cornwall, Ont.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare. Starting Salary $255, $260, $266 per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

Public Health Nurses (qualified). Generalized program in urban area. Starting salary: $2,900-$3,200 depending on experience. Annual increment $150. Transportation provided. 5-day wk. Pension Plan. Hospitalization & sickness insurance available. Apply A. F. Mackay, Board of Health, City of Oshawa, Ont.

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Public Health Nurses. Duties to commence between June & Sept. 1956. Salary: $2,796-$3,396. 5-day wk., 1 mo. vacation, pension plan. Apply Dr. W. H. Hill, M.O.H., Dept. of Health, Calgary, Alta.

Public Health Nurses for Kent County Board of Health. Minimum salary: $2,840 with annual increases of $150 per yr. for 4 successive yrs. 38-hr. wk., 3-wk. vacation with pay, all statutory holidays, 2-days per mo. sick leave accumulative to 48 days. Uniforms provided. Ideally located, bordered on the south by Lake Erie & by Lake St. Clair on the west. The City of Chatham being located in the centre of the County with the cities of London, Sarnia & Windsor, Ont. & the City of Detroit, Mich. all within 1-hr. drive from Chatham, makes Kent County a most desirable place in which to live & make a living. Apply W. M. Abraham, Sec.-Treas., Kent County Board of Health, 7th St., Chatham, Ontario.

Public Health Nurse for elementary school service. Please state qualifications, experience, salary expected. Duties to commence as soon as possible. For further information write A. W. Blowes, County Clerk, County of Perth, Court House, Stratford, Ontario.

Public Health Nurse for Town of Deep River. Salary: $3,005 to $3,395 depending on qualifications. Pension, medical & vacation plans. Living accommodation in staff hotel. State all particulars including age, marital status, education & experience in first letter to "File 2A", Atomic Energy of Can. Ltd., Chalk River, Ontario.

Public Health Nurse for the Peace River Health Unit. Duties to commence April 1/56. Salary in accordance with Provincial schedule. Apply Sec. Health Unit, Peace River, Alta.

Public Health Nurses (qualified.) Salary: $3,100 depending on dist. served, less if in the Timmins area. Annual increment $150 per annum for 4 yrs. Additional allowance for experience & if French-speaking. 5-day wk. 4-wk. vacation, 18 days sick leave annually (cumulative.) Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurse (qualified) for generalized program. Salary according to previous experience with annual increases. 3-wk. annual vacation. Pension Plan. Car allowance or car provided. Apply Director Public Health Nursing, Box 404, Charlottetown, P.E.I.

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Newest hospital in Toronto, situated on The Queen Elizabeth Way, 12 miles from downtown Toronto. Attractive residence facilities available in the new apartment type residence now under construction. Hospital scheduled to open August 1, 1956.

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For duties on the Health & Welfare Planning Staff of The Community Chest & Council with special responsibilities for community planning in the field of health. Desirable qualifications: Graduate in public health nursing with particular experience & ability in administration & in working cooperatively with community organizations & groups.

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MR. C. HOWARD NAPHTALI, EXECUTIVE DIRECTOR, COMMUNITY CHEST & COUNCIL, 505 HAMILTON STREET, VANCOUVER 3, BRITISH COLUMBIA

Obstetrical Supervisor (1.) Operating Room Scrub Nurse (1.) General Duty Nurses (3) for new 144-adult bed plus 32-bassinette hospital. Good salary & personnel policies. Apply Director of Nursing, Plummer Memorial Public Hospital, Sault Ste. Marie, Ontario.

Science Instructor (1) for Aug. 1. Clinical Instructor (1.) Good teaching facilities 1 class of approx. 30 students yearly. Good personnel policies. Near enough to Rocky Mountain National Parks for "Days Off." Apply stating qualifications & salary expected to Director of Nursing, St. Michael's Hospital, Lethbridge, Alberta.

Public Health Nurse for generalized program. Starting salary: $2,700 with annual increment of $100 & credit for previous experience. Car allowance & loan for purchase of car if necessary. Good personnel policies. Pension, insurance & Blue Cross benefits. 5-day wk. & 1-mo. vacation. Apply Supervisor of Public Health Nursing, Oxford Health Unit, Woodstock, Ont.

Public Health Nurses (10) — Aug. 1 or Sept. 1 for Township of North York with over 150,000 population. Generalized program, small districts, $60 monthly car allowance. Cumba (Medical & Hospital) Plan, group insurance, pension plan available with municipality sharing the coast of the 3 plans. 4-wk. annual vacation. Staff salary: $3,120-$3,640 per yr. maximum reached in 4 yrs. Address inquiries to Dr. Carl E. Hill, M.O.H., 5000 Yonge St., Willowdale, Ont.

Public Health Nurses for generalized program. Minimum salary $2,900 with allowance for previous experience & annual increments of $120. Cumulative sick leave plan. Pension plan & Blue Cross plan available. Interest free loans available for purchasing cars if necessary. Liberal transportation allowance & holidays. Apply A. E. Thoms, M.D., Leeds & Grenville Health Unit, Victoria Bldg., Brockville, Ont.

Public Health Nurse (Experienced, Qualified) for staff refinery health centre, Sarnia. Excellent employee benefits & pension plan. Apply by letter stating experience, age & salary expected to Imperial Oil Ltd., Medical Dept., 56 Church St., Toronto, Ont.

Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

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193 Sparks Street, Ottawa 4, Ont.

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To organize a surgical unit of 100 beds. Good personnel policies.

Salary: $240 to $300 per month.

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Educational Director for 3-yr. Diploma Course in School of Nursing in 800-bed hospital. Apply Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Registered General Duty Nurse (1). Gross starting salary: $210 per mo. 4-wk. vacation with pay after 1-yr. service. **Licensed Practical Nurses (2).** Gross starting salary: $145 per mo. 2-wk. vacation with pay after 1-yr. service increasing to 4-wks. after 3rd yr. Fully modern 30-bed hospital. Separate living quarters. 44-hr. wk. All statutory holidays. Accumulative sick leave. Salary increases of $5.00 after 6-mo. service. Apply Supt., District Hospital, Roblin, Manitoba.

General Duty Staff Nurses, all shifts. Salary: $260. $10 afternoon & night differential. 40-hr. wk. paid vacation, sick leave, 6 holidays. Write Director of Nurses, Deaconess Hospital, Spokane, Washington.

Graduate Nurses (2) for general duty. Salary: $220 per mo. 8-hr. day, 5-day wk. Room & board $45 per mo. Transportation paid one way after 6-mo. service. Apply Matron, Queen Charlotte Islands Hospital, The United Church of Canada, Queen Charlotte City, B.C.

Public Health Nurses for generalized program, bedside nursing included. Rural area. Blue Cross & group ins. available. Good transportation policy. 4-wk. vacation after 1 yr., statutory holidays. Apply Dr. J. I. Jeffs, Lennox & Addington County Health Unit, Napanee, Ont.

INSTRUCTOR, STAFF NURSING, B.C. CIVIL SERVICE, PROVINCIAL MENTAL HOSPITAL
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Salary: $303 rising to $363 per mo. Under Director of Nursing Service to be responsible for administration & direction of the educational program in this 4000-bed hospital. Must be a British subject eligible for registration in B.C. Diploma or degree in teaching & supervision; postgraduate psychiatric training; experience in teaching & administration in a school of nursing. Apply Personnel Officer, Civil Service Commission, Essondale, B.C. not later than May 30, 1956.

UNIVERSITY HOSPITAL

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Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty-four hour week. Salary $210 to $260 gross per month. Differential for evening and night duty. Residence Accommodation if desired.

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SASKATOON, SASKATCHEWAN

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270 Laurier Ave., W., Ottawa

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Second Vice-President	Miss Alice Girard, Hôpital St. Luc, Lagauchetière St., Montreal, Que.
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Ontario	Miss Alma Reid, McMaster University, Hamilton.
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Saskatchewan	Miss Mary MacKenzie, St. Paul's Hospital, Saskatoon.

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Western Canada	Rev. Sister Mary Lucita, St. Joseph's Hospital, Victoria, B.C.

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Saskatchewan Registered Nurses' Ass'n, Miss Lola Wilson, 401 Northern Crown Bldg., Regina.

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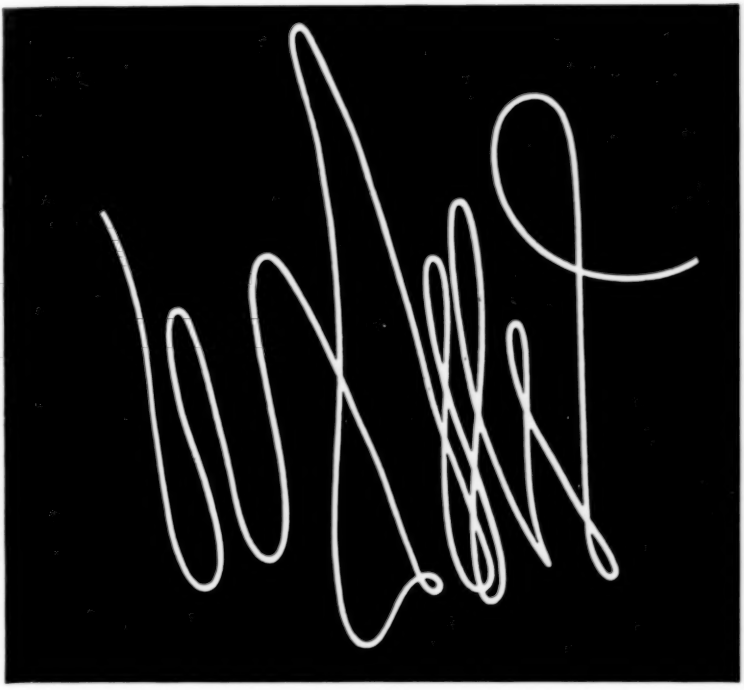

always an unmistakable pattern . . .

. . from any angle. Cannot be confused
with bone structure or artifacts
on the X-ray plate.

RAY-TEC
Trade Mark
x-ray-detectable
SPONGES

Johnson & Johnson
LIMITED MONTREAL